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THE Monthly Cyclopædia OF Practical Medicine.

EDITED BY

CHARLES E. de M. SAJOUS, M.D.,

PHILADELPHIA.

FEB 20 1934

LEADING ARTICLE:

"The Uric-Acid Diathesis."

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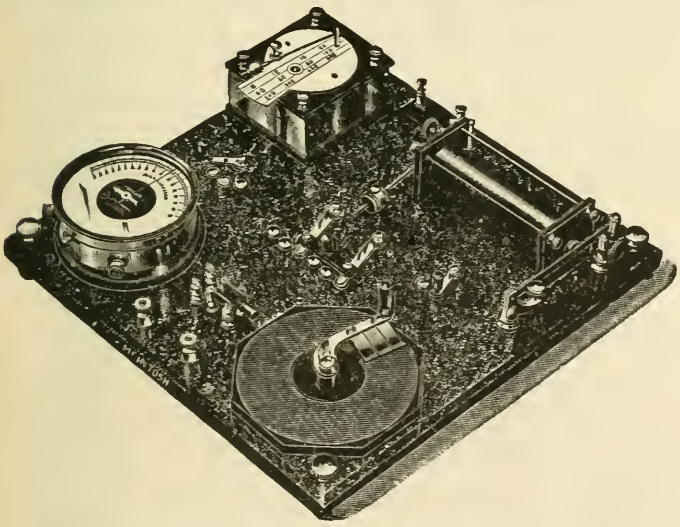

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NEWS AND THERAPEUTIC HINTS.

Prolapsus Ani.

Dr. Alexander F. Samuels, in the Medical Brief, claims to have had marked success in prolapsus ani of adults and children with the following:—

℞ Extract of hamamelis,
Tannic-acid glycerite, of each, 1 ounce.

M. Sig.: To be applied in the rectum with little finger or small mop two or three times a day.

An injection of slippery-elm water (lukewarm) once a day by softening the fecal matter will assist the cure. Children in such cases usually need tonic treatment.

Test of Koch's Theory.

Interesting experiments of much importance are being made at the bacteriological laboratory of the New York Board of Health. They are being held to test Professor Koch's theory that human tubercle bacilli will not readily infect cows or calves. So far the experiments have shown the theory to be correct, it is said. All the calves reacted to a tuberculin test, but the reaction was very slight, and may have been due to inflammation or other causes considered by the investigators at the laboratory to be of minor importance. (A. M. A.)

Acute Nasal Catarrh.

℞ Carbolic acid, 8 minims.
Ichthyol, 1 drachm.
Diluted alcohol, 2 1/2 drachms.
Aquæ destillatæ, ad 3 ounces.

M. Sig.: Use as a spray, by means of atomizer, two or three times a day. (Journal of the American Medical Association.)

To Abort Furuncles.

Calcium sulphide in doses of $^1/_{100}$ grain will usually answer this purpose; increased to $^1/_2$ grain, pus-formation is inhibited with almost certainty.

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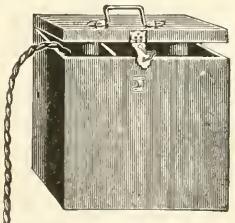
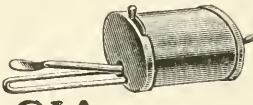


NEURITIS,



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In the seven years of its manufacture we have marketed millions of doses.

During all that time it has never caused a fatality—never caused a mishap.

The scientific methods used in the preparation of our Antidiphtheritic Serum preclude the possibility of contamination.

The bacteriological and physiological tests to which we subject every parcel of it before it leaves our laboratories make doubly sure its absolute reliability.

We guard every step of the way—from first to last we never relax our vigilance.

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NEWS AND THERAPEUTIC HINTS.

Local Application of Turpentine for Neuritis.

Mircoli (Clinica Medica della R. Universita di Genova; Arte Medica) highly praises the use of frictions of turpentine in neuritis due to cold, and especially in sciatica. He uses:—

℞ Venetian turpentine. 30 parts.
Dissolve in
Oil of turpentine. 6 parts.
And add
Olive-oil. 50 parts.

The turpentine resin, adhering to the skin, exerts a continuous action after the cessation of the frictions. (New York Medical Journal.)

Nasal Eczema.

The syrup of iodide of iron, given to children afflicted with nasal eczema, and whose vitality is below par, will bring about better results than all the local applications in the list.

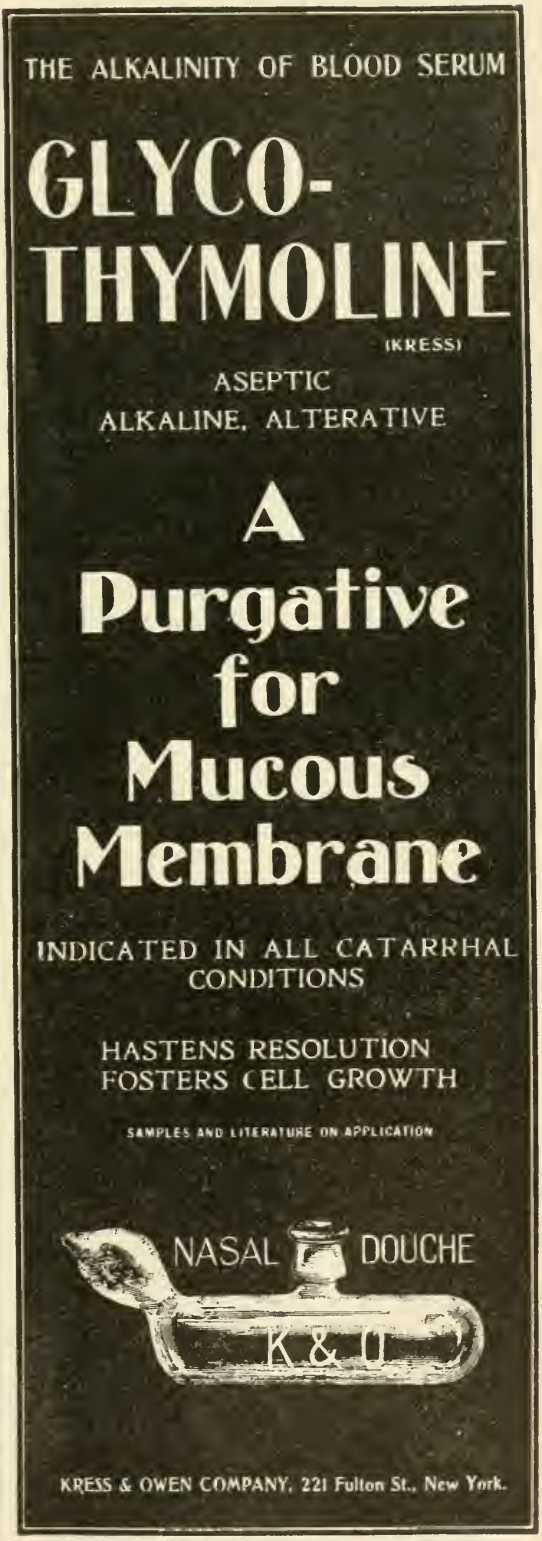
Notes on the Action of Heroin as Compared with that of the Other Derivatives of Opium.

In the Montreal Medical Journal for June, 1901, Gillies states that from his experience with the drug the following conclusions may be drawn: Heroin may be regarded as a valuable addition to our therapeutic agents. It is superior to morphine or codeine in irritative cough. In dyspnœic conditions it is of special value. As an analgesic it is inferior to morphine, but heroin hydrochloride should have further trial before a definite statement is made in this respect. It is less toxic and therefore more safe than morphine and codeine. He is as yet unable to state whether the habit is likely to be formed or not.

Jaundice in the Newborn.

℞ Ammonii chloridi. 1 grain.
Syrupus acaciæ. ½ ounce.
M. Sig.: A teaspoonful every two hours.

The above is recommended by Musser, who advises it in the mild forms. He first recommends the administration of a mild laxative, as calcined magnesia or calomel, and proper elimination by the kidneys by giving potassium nitrate well diluted. (Journal of the American Medical Association.)



NEWS AND THERAPEUTIC HINTS.

Exophthalmic Goiter.

Tincture of veratrum relieved a bad case of exophthalmic goiter, given, at first, 3 drops twice daily, and gradually increased until 12 drops could be taken in the same period of time. This treatment was continued for a year, and the cure complete. Hutchins (Medical Dial).

Infantile Scorbutus.

The treatment in this constitutional disease consists of regulation of the diet and the administration of orange- or lemon- juice. Either method alone is useful, but the combination is far preferable. The diet should be that suitable for the infant of the given age: breast-milk, modified cows' milk, and beef-juice. Modified milk should, unless contra-indicated by complicating conditions, be given uncooked. The juice of half or the whole of a lemon or orange should be given daily. No drug is of the slightest use. During convalescence iron may be indicated for the anæmia. Complicating gastro-enteric disturbance should be treated symptomatically, if necessary. The tenderness of the back and limbs demands that the infant be kept quiet. In the severer cases recumbency on a Bradford frame or light splints to the affected limbs will afford much relief after the first few days; they are rarely needed for a longer time. Morse (New York Medical Journal.)

Veratrum in Mania.

One who has not employed veratrum viride in acute mania has missed the best agent available for the relief of these distressing cases. It is most satisfactory to see the sufferer, under this remedy, pass from absolute sleeplessness into a state of quiet rest. The best preparation only should be employed, and that is Norwood's tincture. (American Medical Journal.)

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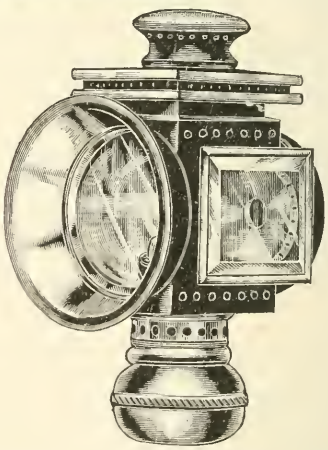

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Both Creosotal and Duotal are most eligible and effective germicides, and most vigorous neutralizers of microbic poisons in the intestinal tract. The remarkable effects obtained in tuberculosis, typhoid fever, rheumatoid arthritis, whooping cough, bronchitis and catarrhal affections of all kinds are explainable by the great powers of elimination of toxalbumins which these remedies have been proven to possess.

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Orphol is indicated in all the fermentative gastro-intestinal processes, in ptomaine poisonings, gastro-enteric catarrhs, typhoid fever, etc. Four or five 15 grain doses of Orphol will usually cure the very worst cases of diarrhœa; and in cholera infantum 2 to 5 grains administered every three or four hours act admirably.

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Literature furnished on application.

NEWS AND THERAPEUTIC HINTS.

Palmar Syphilides.

℞ Acid. salicylic., 1.20 grammes.
Ichthyol., 2 grammes.
Ungt. aq. rosæ, 30 grammes.

Sig.: Apply each night and wear gloves.

After the above has cured the lesions, apply the following to ward off recurrences:—

℞ Calomel, 1 gramme.
Ungt. aq. rosæ, 30 grammes.

Ohmann-Dumesnil (Medical Record).

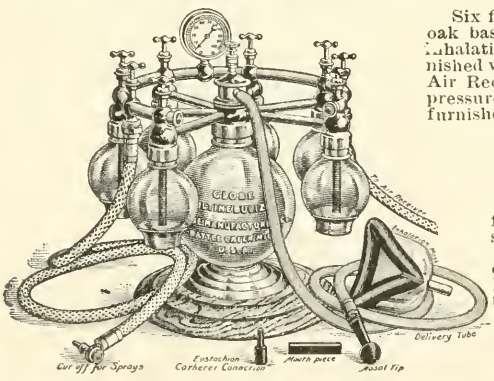
Heart-tonics,

J. N. Upshur (Journal of the American Medical Association) states that he has found caffeine, when given with sparteine sulphate and lithium benzoate, especially useful in the dropsical conditions of parenchymatous nephritis, associated with secondary heart-involvement. He believes that nitroglycerin is contra-indicated in the weak heart of typhoid fever, septicæmia, and surgical shock. He has found opium in commanding doses a most reliable heart-tonic in typhoid fever, when symptoms of heart-failure and vasomotor paresis were prominent. (American Medicine.)

Salophen in After-pains.

Dr. Audebert (Archives Médicale de Toulouse) recommends salophen for the treatment of after-pains. The remedy has the property of abolishing the pain without interfering with the contractions of the uterus. He prescribes a dose of 15 grains, which he repeats in two hours if necessary. As a rule, the pains disappear in a half-hour after the first dose. It occasionally happens that the pains reappear on the next day, but then another dose drives them away completely and permanently. (Merck's Archives.)

IMPROVED GLOBE MULTINEBULIZER No. 58.



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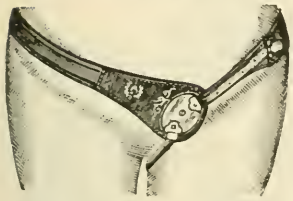

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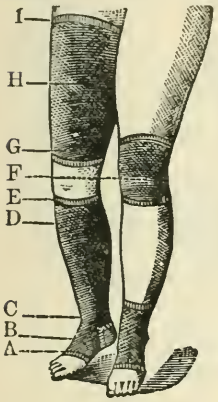

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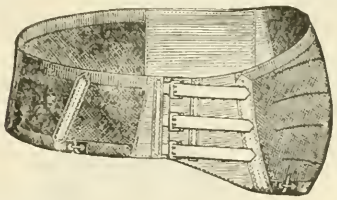

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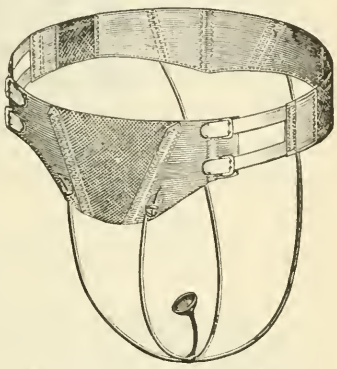

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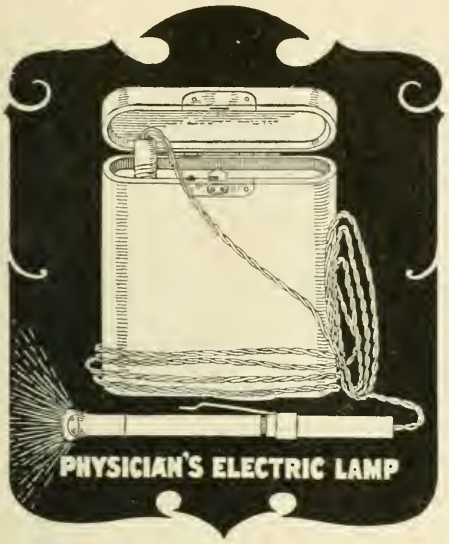

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NEWS AND THERAPEUTIC HINTS.

Fomentations.

A hot fomentation that will not require to be changed frequently can be made by dipping a flat section of sponge in hot water. Apply to the part, and upon the sponge place a hot-water bag. If desired, the water may be medicated in which the sponge is dipped. (Medical Dial.)

The Selection of Anæsthetics for Children.

The generally-accepted idea that chloroform is the safest of anæsthetics for use in childhood is refuted by T. H. Halsted (Philadelphia Medical Journal). He regards chloroform more dangerous in infancy than at any other period of life, and quotes Wyeth, who says that, while he uses chloroform in almost all cases in adults, he invariably uses ether with children. Chloroform is especially to be avoided when there is any glandular enlargement, for Kolisko has pointed out that in those cases of death during anæsthesia, in which heart and kidney lesions were not found, a condition of "habitus lymphaticus" was invariably found. This condition is often noted in children, in whom aberration of the lymphatic system is common. (Chicago Clinic.)

Linseedmeal Poultice.

Warm a basin, pour in boiling water; sprinkle in the meal, stirring vigorously, till it becomes of the consistency of thick porridge; spread on tow or old linen, turning in the edges all around; before applying put it against one's cheek to feel that it is not too hot. Retain in position with a broad flannel roller, secured with safety-pins. Renew every four hours or oftener. The poultice should not exceed half an inch in thickness. Caution is necessary in poulticing the chest of infants in order not to overload the chest and tire out the respiratory muscles. Ashby and Wright (Pediatrics).

NEWS AND THERAPEUTIC HINTS.

Anthelmintic Enemata.

Thread-worms and round-worms are both met with in the rectum, the former more frequently. Their presence in children is not infrequently the cause of prolapse. Strong solutions of salt and water, or of quassia and water, will sometimes prove efficient. Or an enema composed of 1 to 4 drachms of spirit of turpentine mixed with the yelk of an egg, and added to 4 to 8 ounces of water, may be given repeatedly until the worms are destroyed. Two drachms of asafœtida or aloes in water also answer equally well. Maylard (Medical Record).

Infectious Diseases Spread Through the Milk-supply.

G. M. Kober (American Journal of the Medical Sciences) bases the following conclusions on the study of 330 outbreaks of infectious diseases:—

The number includes 195 epidemics of typhoid fever, in 148 of which the disease prevailed at the farm or dairy. Of the 88 scarlet-fever epidemics, 68 showed cases of the malady at the dairy or milk-farm. In 6 instances persons connected with the dairy lodged or visited in infected houses; in 17 cases the infection was conveyed by persons handling the milk while suffering or recovering from the disease, and in at least 10, by people who acted as nurses while handling the milk. In 1 instance the cans had been wiped with an infected cloth, and in 2 cases bottles or cans became infected while left in scarlet-fever houses.

Of the 36 diphtheria outbreaks, 13 showed cases at the dairy. In 3 instances employees handled the milk while ill with the disease. Two hundred and forty-three epidemics (of 330) were recorded by English authors, 52 by American, 14 by German, 11 by Scandinavian, and 5 each by French and Australian writers. This is probably due to the fact that milk is consumed raw in England and America, but on the Continent it is rarely used without being boiled. (Archives of Pediatrics, August, 1901.)

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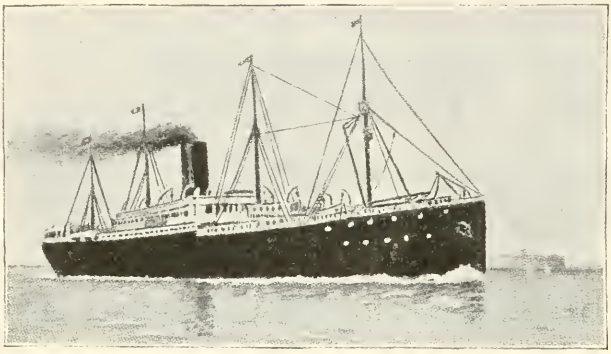

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NEWS AND THERAPEUTIC HINTS.

Tetanus and Vaccination.

Parke, Davis & Co. wish us to announce to our readers, on the faith of their positive assurance, that not one of the recent tetanus fatalities following vaccination at Camden, Atlantic City, Bristol, Brooklyn, Cleveland, and St. John (N. B.) succeeded the employment of their vaccine-virus.

Mosquitoes Attracted by Sound.

Major Ronald Ross writes to the British Medical Journal that he has recently received a communication from Mr. Brennan of the Public Works Department, Jamaica, containing the following observation: "You will pardon me for drawing your attention to the fact, if you have not already noticed it, that the mosquitoes (I do not know if every variety) will respond to such sounds as a continuous whoop or hum. I have tried the experience lately, and find swarms gather round my head when I make a continuous whoop. There may be, however, some particular note or pitch that would be more attractive to them." This would afford an interesting subject for investigation, the journal quoted remarks, on the lines of Dr. Nuttall's recent research on the colors attractive to mosquitoes.

Headache in Brain Syphilis.

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℞ Potassii iodidi,
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M. Sig.: Ten drops after each meal, in water, and gradually increase to the limit of tolerance.

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NEWS AND THERAPEUTIC HINTS.

Changes in the Blood in Intestinal Auto-intoxication in Animals.

Krasnoff (Vratch) has noted changes in the composition of the blood of animals in intestinal autointoxication which were produced experimentally by artificial stenosis of the large intestine with consequent constipation. He concludes: 1. The number of red blood-corpuscles is diminished; maximum, 72.5 per cent.; minimum, 15.6 per cent. 2. The white blood-cells are either diminished or increased; maximum diminution, 80 per cent.; minimum, 10 per cent.; maximum increase, 60 per cent.; minimum, 10 per cent. 3. The hæmoglobin is always diminished. 4. The specific gravity is lowered, but not always in proportion to the decrease in the number of the red blood-cells. 5. The amount of iron in the blood is diminished. (International Medical Magazine, September, 1901.)

Ringworm.

Wash clean with hard green soap and dry thoroughly. Then apply collodion in which pyrogallic acid has been dissolved in the proportion of 15 grains to the ounce. (Detroit Medical Journal.)

Cancer of the Stomach.

Thornton (Progressive Medicine; Medical Chronicle) recommends the following prescription to relieve pain, control vomiting, and prevent putrefaction in cases of gastric cancer:—

℞ Bismuth subnitrate, 4 drachms.
Carbolic acid, 16 minims.
Chloroform-water, to 3 ounces.

M. Sig.: A tablespoonful before food. (New York Medical Journal.)

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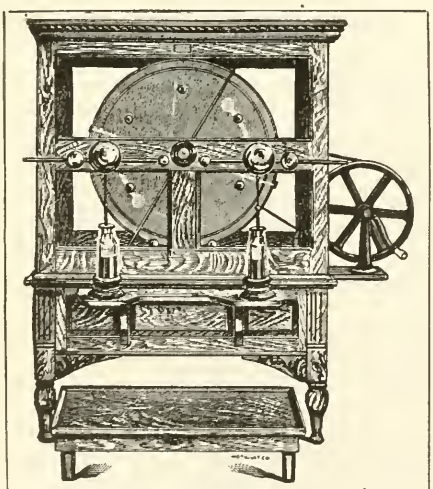
Sweating Feet.

Professor Kaposi recommends the following:—

℞ Sodii salicyl., 30 grains.
Kali permangan., 1 drachm.
Bismuthi subnit., 12 drachms.
Pulveris talci, q. s. ad 3 ounces.

M. et ft. pulv.

Sig.: Dust on feet and into stockings and shoes every morning.



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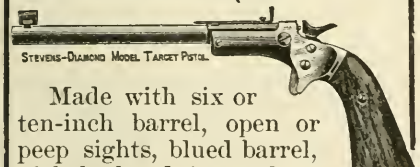

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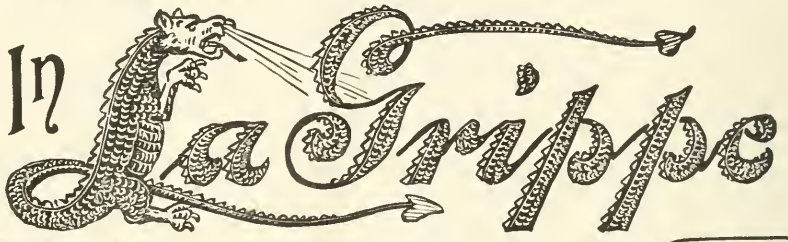

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Statistics presented by Sticher (Zeitschrift für Geburtshulfe und Gynäkologie), including 1200 cases examined and delivered with sterilized rubber gloves and the same number without gloves, show a practically negligible difference in puerperal morbidity in favor of those handled with gloves. Having, in this group of cases, eliminated as far as possible infection by the examining hand, Sticher concludes that the genital canal is frequently the source of infection. For this reason he advocates a combination of asepsis of the hands and antisepsis of the genitals. (American Journal of Obstetrics, etc., September, 1901.)

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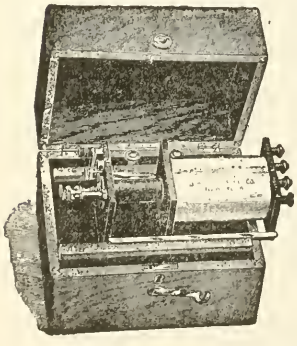

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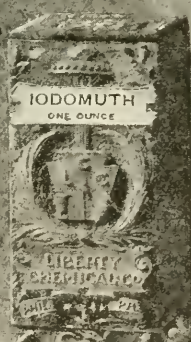

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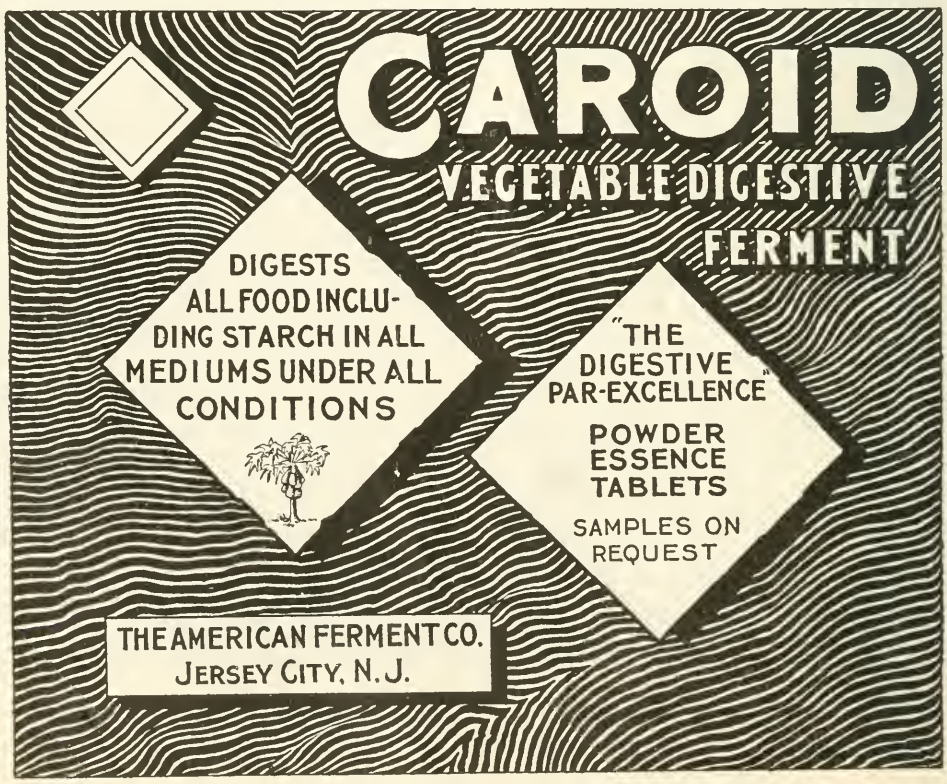

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Editorial.

THE URIC-ACID DIATHESIS.

The older view as to the origin of uric acid—*i.e.*, that it is, as held by Liebig, Wohler, and Frerichs, a product of albuminoid decomposition and a preliminary process to the production of urea—no longer prevails. Benecke in 1874 showed that the greater part of the urea eliminated did not originate from oxidized uric acid, while Horbaczewski in 1891 demonstrated that, just as the nuclein of pus-cells and that of the blood-corpuscles of birds could produce hypoxanthin, guanin, and xanthin, as noted by Kossel, so could it produce uric acid *in vitro* under the effects of marked oxidation. Nuclein administered to animals is, moreover, known to

sensibly increase its production, a fact which led Horbaczewski to conclude that normally-eliminated uric acid originates from nuclein, which, in turn, is liberated through the destruction of cellular structures, and especially of leucocytes. This investigator further noted that leucocytosis was attended with increased elimination of uric acid. These results were sustained by Kuhnan, who observed that pure nuclein administered in large doses was eliminated in the form of uric acid, and further confirmed by Weintraub, Umber and Mayer, after a series of counter-experiments.

Dunin and Nowaczek[1] studied the question from another direction: *i.e.*, in five cases of pneumonia, in which disease leucocytosis is very marked. They found that the quantity of uric acid eliminated rises greatly the day before the crisis: *i.e.*, when absorption of the exudation and destruction of the leucocytes begin. Immediately after the crisis the uric-acid ratio rose to three times that of the precritical period and continued high several days. It seems plain, therefore, that uric acid originates from nucleins, which, in turn, are decomposition products of the cells of the organism, and particularly of leucocytes.

The nuclein derivatives—hypoxanthin, guanin, and xanthin—just referred to, and another, adenin, of the same class, have since been termed "alloxuric bases," by Kossel and Kruger, but E. Fischer, after exhaustive investigations, traced them all to a carbon-hydrogen nucleus, the *purin* nucleus, from which many important derivatives—uric acid, caffeine, theobromine, etc., besides the nuclein bases mentioned above—can be obtained. This feature obviously demonstrated a close chemical relationship between these bodies and various substances,—cocoa, coffee, tea, meats, sweet-bread, liver, and others rich in nucleins,—and normally led to the conclusion that articles of food, which had long been associated pathogenically with the production of uric acid, could also act as sources of nuclein bases. This was confirmed by experiments in healthy subjects, from whose urine the latter were obtained daily in varying proportions.

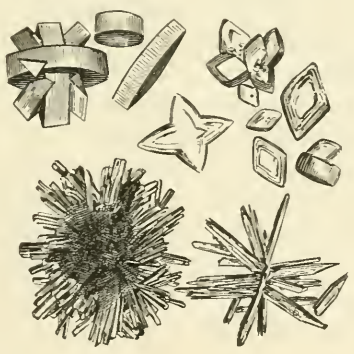
It then became a question as to which of the two sources of nuclein prevailed: *i.e.*, whether they were derived from body-cells,—leucocytes, etc.,—as thought by Horbaczewski, or from articles of food, as thought by Fischer. Experimental data in favor of Horbaczewski's view have steadily accumulated, while Fischer's position has as steadily gained ground. The prevailing view, therefore, is that the alloxuric bases are derived from the nucleins, of which the body-cells and particularly leucocytes are the source, and from certain articles of food.

Again, Horbaczewski, in a series of experiments, observed that splenic pulp allowed to digest several hours with blood at the body-temperature gave rise to a marked increase of uric acid and nuclein bases, but that the relative amounts of these products depended entirely upon the degree of oxidation. When simple decomposition prevailed, the nuclein bases were found to predominate, while the more advanced oxidation processes led to the formation of uric acid. That the production of uric acid must be an advanced stage of the processes through which the waste-products are prepared for excretion is thus made probable. This is sustained by the high relative proportion of oxygen—higher even than urea: $(HN_2)CO_2$—which

[1] Zeitschrift f. klin. Med., B. xxxii, 1897.

its formula indicates, and the gradual progression toward this high proportion which the alloxuric bases show: *i.e.*, hypoxanthin, $C_5H_4N_4O$; xanthin, $C_5H_4N_4O_2$; and uric acid, $C_5H_4N_4O_3$. Feeding with bodies rich in nucleins—spleen-pulp, thymus, etc.—causes a proportionate increase of the most advanced of the alloxuric bodies, uric acid, and, in health, the greater part of the nitrogen of the nuclein metabolism is excreted, not as nuclein bases, but as uric acid. All these facts tend to show that uric acid is not only the normal end-product of nuclein metabolism, but also the most highly oxidized of the alloxuric bodies.

If this conclusion prevails, what is the utility of the oxidation of alloxuric bases? This soon appears when their toxicity, as compared to that of uric acid or urea, is realized. Uric acid, notwithstanding the prevailing belief, has been found harmless experimentally. It has been fed to animals or injected into their blood in very large doses without giving rise to untoward symptoms. Even its continued administration has failed to bring about the least pathological change in the structures which it is generally thought to assail, as shown experimentally by A. C. Croftan.[1] True, it may have been found in very marked quantities in the serum



Uric-Acid Crystals.

of some gouty subjects during the active stage, as observed by Garrod; but if the acute symptoms of this disease are due to uric acid, why do they not appear in such conditions as leukæmia, in which uric acid is also present? Uric acid is insoluble in the body-fluids, and, if it irritates the renal structures at all, it probably does so through the asperities of its crystals (see wood-cut), since as a chemical body it is innocuous. Even the view that gouty disorders should be ascribed to its influence alone hardly stands, since Pfeiffer and Vogel and other investigators have found that the proportion of uric acid, when ascertained by modern methods during or between attacks of gout, shows but little variation. That this clinical observation does not apply to all cases, however, is probable.

Urea is also a benign substance; Bouchard found, in a series of painstaking experiments, that it was even less toxic than sugar. Whereas it took 2.5 grammes of sodium bicarbonate to kill 1 kilogramme of animal, from 5.5 to 6.3 grammes of

[1] Jour. Amer. Med. Assoc., July 8, 1899.

urea were required to reach the same result. Water and normal albumin alone, of the animal fluids, are less toxic than urea. As to its influence on the kidneys, Bouchard was led to conclude that, although a product of disassimilation, it played a useful rôle in the economy as a diuretic. All the work done since, in this line, has but confirmed his teachings.

Quite another story is unfolded, however, when the alloxuric bases are analyzed from the same stand-point. As products of worn-out nuclei which have served their purpose in elaborating blood-corpuscles, both red and white, and other cellular elements,—an earnest of their vast importance in the organism,—their effects are those of high-powered alkaloids. Readily soluble in the relatively large proportion of menstruum which the body-fluids afford them, they are carried in all directions, and become the source of the various phenomena usually ascribed to "gouty diathesis," and now credited to them by the more recent writers. Gaucher[1] and Kolisch,[2] in the order named, long ago referred to the alloxuric bases—xanthin, hypoxanthin, adenin, and guanin—as violently toxic agents, while Levison ascribes to them the renal lesions which are invariably found post-mortem in gouty subjects.[3] The pathogenic effects of these bodies have since then been emphasized by several investigators, including Croftan,[4] who, in a series of experiments, observed that "both xanthin and hypoxanthin, when injected hypodermically in the strength of a 0.3- to 0.7-per-cent. watery solution for a period of several months produced granular degeneration of the epithelial cells lining the tubuli contorti and a proliferation of the endothelium of the intertubular capillaries."

The non-toxic nature of uric acid and of urea, the violent toxicity of the alloxuric bases, and the relative position of uric acid among the latter as the most highly oxidized body of them all seem fully to sustain the view that the alloxuric bases are oxidized in the organism and thus converted from physiological toxics to uric acid, an inert body.

The two important features of modern teachings on this subject, therefore, may be said to be:—

1. That uric acid is harmless chemically, but probably irritating to the kidneys owing to the asperities of its crystals.

2. That the so-called "uric-acid diathesis" and the various phenomena, including the gouty kidney, ascribed to uric acid, are really due to the toxic effects of the alloxuric bases.

C. E. de M. Sajous.

(This subject will be continued in the next number.)

---

[1] Thèse de Paris, 1884.

[2] Wiener med. Wochenschrift, 1895 (quoted by F. Levison, in Annual and Analytical Cyclopædia of Practical Medicine).

[3] Annual and Analytical Cyclopædia of Practical Medicine, p. 364, volume iii.

[4] *Loc. cit.*

Cyclopædia of Current Literature.

ADRENALIN.

The active principle of the suprarenal gland, "adrenalin," is furnished in the form of tablets, which are readily soluble. These are particularly useful for general use, because of the ease with which a fresh solution can be made extemporaneously. A solution of 1 to 10,000 and 1 to 5000 may be used for the eye and a 1 to 1000 solution for the throat. If applied to the interior of the nose, it blanches the membrane almost immediately, and in the examination of the naso-pharynx it is of great assistance, because of the shrinkage of the tissues thus produced. In profuse bleeding it is of little use, because it is so rapidly washed away. In acute coryza it will relieve the swelling of the turbinates almost immediately and stop the profuse watery discharge, and for temporary relief in hay fever it has no equal. In a case of acute laryngitis the voice was restored in twenty-four hours, and the pain very materially lessened by five applications of the spray. In acute pharyngitis and tonsillitis the relief is immediate, and is more lasting if combined with cocaine. In grip or other acute inflammations of the mucosa it is valuable in relieving the swollen mucosa and thus draining the cavities. N. L. Wilson (Jour. of Laryn., etc., Nov., 1901).

ANGINA, IODINE IN ACUTE.

For ten years tincture of iodine has been personally used in all forms of angina, though not in the pure state, but diluted with glycerin and water, and a case is yet to be recorded in which its beneficial local action was not prompt and very marked. The formula given by Professor Seibert is as follows:—

℞ Tincture of iodine, 1 fluidrachm.
Potassium iodide, 15 grains.
Carbolic acid, 10 minims.
Glycerin, $^1/_2$ fluidounce.
Water, enough to make 4 fluidounces.

The treatment may be prefaced with a cleansing spray of hydrogen dioxide, and the above-mentioned solution used thoroughly. The pure tincture of iodine is too severe for many sensitive throats. The relief in many cases is instantaneous, continuing until a permanent cure is effected. B. Ray Browning (New York Med. Jour., Dec. 14, 1901).

APPENDICITIS WORK, SOME OF THE AVOIDABLE CAUSES FOR DISASTER IN.

If one stepped out upon the street and got ten healthy policemen, and put half a yard of gauze into their abdominal cavities to-day, he would find at the end of a week that he did not get them in time. That is an excuse which is so often offered when one tries to make a weak and poisoned appendicitis patient bear what strong men cannot bear. If, in addition to the mechanical insult offered by gauze packing, is added the chemical insult of iodoform, one would have still fewer of these policemen in time. They would have what most house-surgeons would call septicæmia. The differential diagnosis between septicæmia and dangerous iodoform poisoning is difficult to make, excepting on the objective evidence offered by the presence of iodoform in the wound, the presence of free iodine in the urine, and a wound of healthy appearance while the patient is failing. In insidious iodoform poisoning the wound looks well while the patient does not. In septi-

cæmia neither the wound nor the patient looks well. That is a constant diagnostic difference. Gauze packing shocks the patient, lessens his natural resistance, and consequently interferes with his manufacture of phagocytes. Treatment of to-day should avoid interference with the patient's ability to furnish abundant leucocytes. Accessible statistics show that gauze packing is not needed in appendicitis work. Extensive and multiple incisions lessen the patient's ability to furnish leucocytes for the occasion when all of his natural protective powers need to be respected by the surgeon. A beginner needs a great deal of room at the patient's expense, but it is in the interest of the patient to work chiefly by the sense of touch through small incisions. In other words, to come as nearly as possible to letting the patient alone. Another approach toward the idea of letting the patient alone consists in rapid work without much exposure or handling of bowel. Almost any appendicitis operation, no matter what the complications, should be completed in from fifteen to thirty minutes. Many a patient who is holding finely to his natural resistance at the end of fifteen minutes has lost it at the end of forty-five minutes. The idea that the surgeon must get all of the pus out of the peritoneal cavity is out of date. The leucocytes will attend to the matter more effectually. R. T. Morris (American Medicine, Nov. 30, 1901).

BILIARY COLIC.

In patients who suffer at various intervals from attacks of biliary colic unaccompanied by fever, jaundice, and increase in volume of the liver or gall-bladder, and when gall-stones are not to be found in the fæces, the presence of adhesion around the gall-bladder should be suspected. An operation is the only rational treatment. The adhesions must be separated and the affected parts of the gall-bladder covered with peritoneum, ablation of the gall-bladder being reserved for cases in which this organ is hopelessly diseased. F. Gangitano (Riforma Medica, Sept. 9, 1901).

BLOOD IN INFANCY AND CHILDHOOD.

No view of the blood-picture in disease can be complete which does not include the fundamental differences between infant and adult blood in health, as these so largely modify the changes intervening in the morbid state. Three specific and characteristic factors may be noted: 1. The blood of an infant tends constantly to resume embryonal characteristics when the clinical balance is disturbed. 2. Such disturbances produce blood-changes out of proportion to the exciting cause, as measured by the standard of later life. 3. Lymphocytosis is pronounced. Clinically, moreover, the spleen in the various anæmias of infancy, in rickets, syphilis, and chronic intestinal affections, so tends to enlargement that the single factor, splenomegaly, has not the significance of later life, and the diagnosis must be made on the microscopical findings in the blood and viscera.

The clinical determination of abnormal states in infancy and childhood, from the examination of the blood, must proceed with the ill balance and the exaggeration of the normal type in mind. Frank poverty of the blood from slight disorders of nutrition, from hæmorrhage, from gastro-enteric disease, from rickets, syphilis, and tuberculosis, the reaction of the child organism

to improper hygiene, the susceptibility to metallic poisons, make it essential that the estimation of a blood-count appropriate to the age and condition, should be based, not only on the calendar, but on the development of the child. The diagnosis of an idiopathic blood affection in a rachitic child must eliminate the blood modification of this condition, namely: the predominance of the "young" leucocyte, a total leucocytosis varying from 15,000 to 40,000, the marked anæmia with splenic enlargement, the presence of nucleated red cells in the blood-stream with changes in the size and shape of the red cells, and polychromatophilic staining. One million red cells to the cubic millimeter does not appear to be an uncommonly low count in the graver cases, and rapid decrease to an even lower level has been noted.

In chronic gastro-intestinal disorders the anæmia is progressive, and a moderate leucocytosis is stated to be the rule.

Typhoid fever and grip in childhood, as in the adult, are distinguished by an impoverished red count, and by the absence of leucocytosis, or actual hypoleucocytosis, except in the presence of inflammatory complications.

In pneumonia the significance of leucocytosis follows the adult rule. It is absent in the very mild or in the fatal cases. It is usually high, but, where the reaction of the white cells is extreme, the prognosis is grave.

Tuberculosis without cavity-formation or mixed infection, the miliary type, and uncomplicated tuberculous meningitis, are unattended by leucocytosis, which fact is of service in the diagnosis.

Most observers are agreed that leucocytosis in scarlet fever is the rule, and that eosinophilia is constant and persistent, so that the disease may thus be distinguished from measles, in which there is no increase in the white cells, except with severe complicating bronchitis, and where the acid-staining cells are inconspicuous.

The classification of the anæmias of infancy offers many difficulties. Practically, the subject has hardly advanced beyond the very simple order introduced by Monti, that primary anæmia is the pernicious form, that secondary anæmias are mild and severe, and that a leucocytosis may or may not be present. G. U. Light (New York Med. Jour., Nov. 30, 1901).

CANCER.

The early and radical use of the knife offers the only possible cure for cancer. The theory that cancer is a local manifestation of a constitutional dyscrasia has been abandoned. The fact that cancer is at first a strictly local disease and becomes regional and general later by extension and metastasis has been accepted. If the diagnosis of cancer can be made early, while the disease is yet local, and if its anatomical position is such as to permit of its complete removal, the prognosis is good. If the diagnosis of cancer is delayed until the disease has become regional by extension through the lymphatics, the prognosis is bad. If the diagnosis of cancer is postponed until the disease has become general by dissemination through the veins, the prognosis is hopeless.

Second only in importance to early diagnosis is the completeness of the operation for the removal of the infected tissue. Heidenheim, by exhaustive research, has shown the direction of the regional extension of cancer, and taught the surgeon the necessity of not only re-

moving the organ in which the disease originated, but the adjacent lymphatics as well. As operations for cancer have become more radical, the ultimate results have become more favorable. Stuart McGuire (Carolina Med. Jour., Nov., 1901).

CATHETERS, STERILIZATION OF.

The conclusions arrived at regarding the sterilization of catheters are:—

1. An infected soft-rubber catheter cannot be completely sterilized by boiling under four and one-half hours.

2. Mechanical cleansing from all dried pus, coagulated blood, or mucus will render sterilization easier and will demand a shorter time to be effective.

3. Elastic (English web) catheters and soft-rubber catheters can be repeatedly boiled for five or more minutes without roughening of their surfaces or diminution of their elasticity and strength.

4. Chemical sterilization by immersion in a 1 to 2000 mercuric-chloride solution for five minutes does not sterilize any variety of catheter which has become infected, at best only inhibiting the growth of the germs, for, if the mercuric salt be precipitated by ammonium sulphide, the germs will grow freely when implanted in culture-media.

5. The results of experiments indicate that chemical sterilization should never be employed for catheters which are to be retained in the bladder for any length of time, unless subjected to a very prolonged action of the mercurial salt, lest the merely inhibited germs develop.

6. Should corrosive sublimate be employed for the sterilization of catheters, it must be in a concentrated solution and the catheter must remain in it for a much longer time than the usual period considered amply sufficient in the laboratory, no mere washing with any chemical solution being efficient for an infected instrument.

7. Formalin-vapor will sterilize infected instruments in twenty-four hours; how much shorter time will be sufficient has not as yet been determined.

8. All methods of sterilization commonly employed should be continued for much longer periods than the minimum time required for destruction of germs in the laboratory.

9. English-web catheters can apparently be more readily sterilized by heat than can soft-rubber catheters, probably on account of their interior construction. C. B. Nancrede and W. H. Hutchings (Medical News, Nov. 23, 1901).

CORNS.

Perhaps the best method for securing the partial removal of corns by the application of chemical substances is that recommended by Unna. A ring of glycerin-jelly is painted around the circumference of the corn so as to form a raised rampart. A piece of salicylic plaster-mull is then cut to the size and shape of the central depression, and applied to the surface of the corn. This is then covered with a layer of glycerin-jelly, and, before it sets, a pad of cotton-wool is applied to the surface. This process is repeated as often as is necessary, until the horny layer of the corn separates and is cast off.

If the point of a sharp, thin-bladed knife be introduced at the groove which runs round the margin of the corn, and be made to penetrate toward its central axis, by the exercise of a little manual dexterity the horny part of the corn can be easily made to separate from the

parts beneath. This method of removal is one which is much in favor with chiropodists.

Any method of treatment, however, to be curative must secure the removal of the entire corn together with the underlying bursa.

Having taken every precaution to render the operation aseptic, a spot is selected for the injection of the anæsthetic solution. At this point the skin is rendered insensitive by the application of ethyl-chloride, and 5 minims—more or less—of a 4-per-cent. solution of eucaine is injected into the subcutaneous tissue beneath the corn. Having waited a few minutes, the superficial parts at the site of the incision are rendered insensitive by ethyl-chloride. Anæsthesia is now complete, the process itself being painless, and the operation may at once be commenced. Two hemi-elliptical incisions meeting at their extremities are made through the skin around the circumference of the growth, care being taken that they penetrate well into the subcutaneous tissue. Seizing the parts included in the incision with a pair of dissecting forceps, a wedge-shaped piece of tissue—including the corn, a layer of skin and subcutaneous tissue, and the bursa, if present—is dissected out. The oozing is pretty free, and it is sometimes necessary to torsion a small vessel; but the hæmorrhage is never severe. The edges of the wound are brought together by one or two fine sutures; an antiseptic dressing is applied, and the wound left to heal—primary union in a few days being the rule. The net result is the production of a layer of scar-tissue at the former site of the corn. It might be thought, perhaps, that the formation of a scar on an exposed position, where it was liable to be subjected to pressure and friction, would lead to untoward results; but such in practice is not the case.

The chief advantages to be derived from the complete excision of corns are that, as a method of treatment, it is safe, speedy, and painless; while the results, as far as a cure is concerned, are permanent and effected at a minimum of time and trouble. E. H. Freeland (Edinburgh Med. Jour., Nov., 1901).

DACRYOADENITIS AND CONJUNCTIVITIS, TUBERCULAR.

The study of a personal case and of twelve other reported cases appears to warrant the following conclusions being drawn:—

1. Tuberculosis of the conjunctiva may be either ectogenous or entogenous; tuberculosis of the lacrymal gland must be hæmatogenous.

2. The presence of the tubercle bacillus in tuberculous conjunctivitis and tubercular dacryoadenitis is not a *sine qua non* of the disease. In personal case, repeated examination of the matter from the ulcers of the conjunctiva failed to show the presence of tubercle bacilli, nor did inoculation in animals produce the disease. Burnett speaks of a case he observed for more than a year, in which the clinical picture was one of tuberculosis of the conjunctiva, and yet he could not find a single tubercle bacillus after repeated examinations; inoculation in rabbits likewise proved negative.

3. Tubercular dacryoadenitis and conjunctivitis may undergo cure; surgical intervention is indicated only after therapeutic and proper hygienic measures fail, since it is a universally recognized fact that tuberculosis in other parts of the body is often cured outright spontaneously, the cure being effected by a

marked increase of connective tissue. Edward Stieren (Johns Hopkins Hosp. Bull., Nov., 1901).

DIAPHRAGM, ACCESS TO, FOR SURGICAL OPERATIONS.

Access to the diaphragm for surgical operations within the abdomen is especially difficult, because it is almost impossible to get the patient into such an attitude as will keep the parts exposed to work with the least interruption. However, a good solution of this difficulty, so far as attitude alone can surmount it, is obtained by placing the patient in dorsal decubitus, then bringing him to the end of the table so that his lower extremities, pelvis, and most of his lumbar spine hang over this end, the feet being supported on a cushion. Straps over the shoulders and about the thighs at the groin prevent slipping. A screen is erected on a half-circle of hoop-iron which passes from side to side just under the armpits and supports a sterile towel or sheet and shuts off all possibility of the patient coughing or vomiting into the wound. The abdomen is then opened and the position, assisted by gravity, carries most of the organs downward toward the pelvis. G. Kelling (Centralb. f. Chir., Oct. 19, 1901).

ERYSIPELAS, ICHTHYOL IN.

Ichthyol has been personally employed in the treatment of erysipelas with great success. The affected region and the adjacent area of the healthy skin are covered with a thick layer of ichthyol. It is seldom necessary to repeat the application on the third day. Usually the disease comes to a standstill, and desquamation follows inside of a week. Eschle (Heilkunde, No. 6, 1901).

ERYTHROCYTE, GRANULAR DEGENERATION OF.

In a study of the granular degeneration of the erythrocyte, the conclusions reached are:—

1. The granules are a constant finding in cases of lead poisoning, and appear very early in cases under the influence of lead salts long before subjective or other objective symptoms can be demonstrated.

2. The granules disappear in cases of chronic lead poisoning as the convalescence is established.

3. Apparently lead does not produce an immunity, as one of the cases worked for twenty-four years, another for twenty years, without having pronounced symptoms of lead poisoning, and in both of these cases the granules were present in moderate numbers.

4. The granules may be produced experimentally in dogs, appearing in a very few days after the beginning of the experiment, and increasing as the intoxication becomes severe.

5. The granules in the experimental cases are rather fine, and show a tendency to clump at first; later all varieties appear.

6. These granules are believed to be a true degeneration of the erythrocyte and having no relation to nuclear fragmentation or to polychromatophilia. C. Y. White and William Pepper (Amer. Jour. Med. Sci., Sept., 1901).

GALL-STONES, CHOLECYSTECTOMY FOR.

The points in favor of cholecystectomy for gall-stones may be given as follows:—

In properly selected cases it is an extremely simple and safe operation.

It is a curative operation, doing away

with subsequent attacks of cholecystitis, and, more remotely, of renewed stone-formation.

It eliminates the disagreeable possibilities of long-continued biliary and mucous fistulæ.

It is indicated in certain technical conditions, such as atrophic or (for drainage) inaccessible bladder, obliteration of the cystic duct, or impacted stone in the cystic duct, and in hæmorrhagic conditions of the gall-bladder.

It is a prophylactic measure against the development of carcinoma on the site of long-standing irritation.

It offers the prospect of a shorter and easier wound-healing and convalescence.

It is not to be employed indiscriminately, but has its proper limitations and contra-indications. C. L. Gibson (New York Med. Jour., Nov. 30, 1901).

GANGRENE, CARBOLIC-ACID.

In the treatment of carbolic-acid gangrene prophylaxis is most important. However, if the acid is used, it should never be applied unless the conditions for its evaporation are suitable. When gangrene has occurred, the treatment depends on the amount of tissue destroyed. Porter saved a finger by skin-grafting. Amputation has been resorted to in nineteen cases. Radical measures must be employed if progressive and spreading cases are found to occur. J. G. Sheldon (Medical Record, Nov. 16, 1901).

GONORRHŒA.

Conclusions regarding observations in the diagnosis and treatment of acute gonorrhœa, with special reference to the value of protargol as a therapeutic agent:—

1. Early and active treatment is indicated in every case of acute urethritis, especially before the posterior urethra has become involved in the inflammatory process. The earlier the treatment is begun, the greater is the probability that the inflammation will be confined to the anterior urethra.

2. A meatus of narrow caliber strongly points to the probability of posterior involvement and a severe course of the disease. Early meatotomy may be advisable.

3. The Thompson two-glass test is liable to serious error. Its evidence should be corroborated before it is conclusively accepted.

4. The typical clinical picture presented by the patient in the acute stage is thoroughly diagnostic. The presence of the gonococci in the discharge is corroborative.

5. For posterior urethritis the irrigation treatment is both rational and effective. With proper technic and gentleness, the proceeding is attended with a minimum of pain and danger. It is not essential that potassium permanganate, the most popular medium, be employed for this purpose. Normal salt solution, weak solutions of silver nitrate and of copper sulphate, have given equally good results, especially when used alternately. The heat of the fluid and the thorough mechanical flushing of the urethral canal are probably the most effective forces in bringing about the favorable results of this method of treatment.

6. In anterior urethritis protargol in $^1/_2$- to 1-per-cent. solution constitutes a most valuable remedy.

7. It is easily borne, not irritant nor painful.

8. It may be safely used from the very beginning of the attack, except in those few cases where the syringe itself is not tolerated.

9. The profuse purulent discharge usually disappears within seven to ten days, after which a muco-purulent or watery discharge may be milked from the urethra, and which totally disappears after two to four weeks, under an astringent injection.

10. The gonococci disappear after two to sixteen days, but are apt to reappear (as does the discharge) if the protargol solution is stopped before the end of the third week.

11. The posterior urethra is not likely to be attacked if the treatment is begun early enough and properly carried out.

12. The average duration of the anterior cases, including the obstinate cases, is six weeks, though this period is materially shortened in private practice, where the solution is employed three times daily.

13. There is little or no pain or discomfort throughout the entire course of the disease.

14. The advantages of this method of treatment over the older methods are:

(*a*) Absence of pain and discomfort.

(*b*) Brief duration of the profuse discharge.

(*c*) Comparatively shorter duration of the disease.

(*d*) Diminished danger of complications.

(*e*) Early disappearance of the gonococci.

15. The disadvantages are:—

(*a*) Early cessation of the discharge induces patients to suspend treatment before they are entirely cured, thus bringing about an early recurrence.

(*b*) Absence of pain and discomfort minimized the importance of the disease in the eyes of the patient.

(*c*) If the solution be too strong, there is a possibility of causing posterior involvement, with liability to the usual complications. This is the only danger in the use of the remedy. A. L. Wolbarst (Jour. Cutaneous and Genito-Urinary Diseases, Dec., 1901).

HÆMORRHAGE, STYPTICIN IN UTERINE.

The technical name of stypticin is cotarnine hydrochlorate, but it was termed stypticin on account of its hæmostatic properties. Cotarnine is a fractionation-product by oxidation from narcotine: an alkaloid obtained from opium. The hydrochlorate (stypticin) occurs usually as a minutely crystallized yellow powder, having an intensely bitter taste. It is soluble in water, the solution becoming darker on exposure to light.

Personal clinical experience with stypticin is quite extensive and satisfactory in most instances, when employed in properly selected cases.

Not infrequently virgins without any detectable pathological changes in the pelvic organs are subject to profuse and irregular menstruation, sometimes to such an extent that they are anæmic and quite weak. When irregularity and profuseness are associated, the drug should be taken continuously for three or four months in doses of 0.05 gramme ($^3/_4$ grain) three times daily, except during menstruation, when the dose should be taken at intervals of two or three hours until the flow is diminished. The longer intervals of administration may then be resumed.

When only profuse menstruation is present, the periods being regular, the administration of stypticin should be commenced four days before the expected flow, the same dose at the same intervals being given as in the other condition.

Pelvic inflammation after full-term delivery is occasionally accompanied by bleeding from the genital tract. A few days under stypticin treatment will very likely bring about relief.

There are instances of atypical bleeding after confinement, caused by retention of the decidua or particles of retained placenta, in which, although these have been removed, the bleeding does not cease; here, too, the remedy under consideration has an excellent effect, but, of course, no benefit can be looked for until such remnants have been removed.

It is not uncommon to see women with atypical bleeding during the climacteric period for which no pathological condition can be found. Most remarkable successes have been observed from the administration of a few large doses of the drug. Should bleeding recur, stypticin should again be ordered.

When the bleeding is caused by inflammation of the uterine mucosa, either alone or associated with chronic metritis, the treatment with this—or, for that matter, any other drug taken internally—has proved unsatisfactory.

While stypticin has been found to act with benefit in some cases of endometritis, it is useless in endometritis fungosa.

Occasionally patients are seen who have irregular uterine hæmorrhage, whose cause cannot be found. In but one instance has a satisfactory result followed the use of this drug.

Atypical bleeding, sometimes associated with subinvolution of the uterus post-puerperium, yields with remarkable quickness to the use of stypticin.

In a few instances bleeding during pregnancy has been arrested by the administration of stypticin; in no case was uterine contraction produced by its employment.

Numerous good results have been reported from the use of stypticin in the controlling of hæmorrhage caused by fibromyomatous tumors. Personal observations do not give favorable impressions with its use in these, nor in malignant neoplasms of the uterus giving rise to hæmorrhage.

If a quick action from the drug is wanted, it is best to use the remedy subcutaneously. With antiseptic precautions, 2 to 3 grains dissolved in sterile water should be injected into the buttocks and repeated after four to six hours. Two to three injections usually suffice to obtain the desired result, after which the remedy may be given by the mouth, either in capsules or in tablets. H. J. Boldt (Merck's Archives, Nov., 1901).

HEART, STAB-WOUNDS OF.

A review of cases of stab-wounds of the heart justifies the following conclusions:—

1. The time has arrived when a wound of the heart should be operated on with as little hesitation as a wound of the brain, with the expectation under corresponding conditions of getting equally good results. The mortality must inevitably be high,—not from the operation, but from the injury,—especially if all cases, including desperate ones, be undertaken. Selection of cases who have survived five or more hours after receiving the wound would give a good percentage of recoveries, but such selection is not to be recommended.

2. In all cases of wounds in the region of the heart, with symptoms threatening life, an exploratory operation should be done by making an osteoplastic flap by dividing the fourth and fifth

costal cartilages at their attachments to the sternum and the ribs about one inch external to their attachment to the cartilage, somewhat according to the method of Roberts. This flap turned up as a door on a hinge gives a good view of the pericardium, and can easily be enlarged upward if more room is required.

3. While early and speedy operation is often essential to success, yet the importance of asepsis cannot be too strongly emphasized on account of the great danger of pericarditis and empyema. If there has been much hæmorrhage, a quantity of physiological salt solution, approximately equal in amount to the blood lost, should be injected into a vein while the surgeon is operating on the heart, if it has not been done sooner. George Tully Vaughan (Medical News, Dec. 7, 1901).

HICCOUGH.

For the treatment of this often distressing and dangerous affection, a metal electrode having a surface-area of sixteen to twenty square inches is to be applied over the diaphragm; the spark-gap is gradually opened four to eight inches, and it is surprising how promptly the spasms are interrupted. The administrations should be continued from thirty minutes to one hour; the treatment repeated daily, or oftener, if the paroxysms recur. W. B. Snow (Jour. of Electrotherapeutics, Dec., 1901).

HYSTERECTOMIES, A COMPARATIVE STUDY OF.

A review of various facts brought out in personal study leads to the conclusions that:—

1. While the finished result of a supravaginal hysterectomy is most satisfactory, the operation is, however, marred by the possibility of a secondary infection, at times terminating fatally. When this infection does occur, it can be reached only by some secondary operation.

2. The chances of this infection occurring are greater when the subperitoneal space is drained through the canal of the cervical stump, or when the canal is left open. There is every reason to close the stump as offering the best results.

3. Total abdominal hysterectomy, though not such a finished operation as the supravaginal, is, however, one in which there is less likelihood of any secondary complications, and though objectionable on account of the suppurating cavity to be closed by contraction and granulation, yet offers to the patient a surer means of uninterrupted recovery. These conclusions, while at variance with Olshausen's large collection of cases, in which he gives a 5.6-per-cent. death-rate for supravaginal, and a 9.6 per cent. for total, hysterectomies, are, however, the only ones to be drawn from the collection brought together. Le Roy Broun (New York Med. Times, Dec., 1901).

INTESTINE, PARESIS OF, PHYSOSTIGMINE IN.

Physostigmine in doses of from $^1/_{120}$ to $^1/_{80}$ grain for tympanites in different intestinal disorders has given excellent results. The drug is given by mouth three times daily. Von Noorden (Berliner klin. Wochenschrift, Oct. 21, 1901).

IODIDES, ACTION OF, ON THE HEART.

Sodium or potassium iodide when given to man by the stomach in ordinary doses has no depressing effect on the action of the heart or on the blood-

pressure in the arteries. Ralph Stockman and F. J. Charteris (Brit. Med. Jour., Nov. 23, 1901).

KIDNEY, MOVABLE.

The conclusions as to the treatment of movable and floating kidney by nephropexy are the following. They may be prefaced, however, by saying that belts and bandages have no efficacy in nephroptosis uncomplicated with enteroptosis, and when employed in cases of movable kidney they increase pain and may otherwise do harm if not carefully and properly applied.

1. When movable kidney is associated with enteroptosis, no operation should be performed on the kidney unless it is evident that the more serious symptoms are due to the mobile kidney alone, and not until after the trial of a well-fitting abdominal support and the careful dietetic and medicinal treatment of the gastric and intestinal disorders. Should these means fail and the kidney evidently be most at fault, nephropexy, followed by the wearing of an abdominal belt, should be tried.

2. When a movable kidney is complicated by a movable liver, or when both kidneys move, the same rule should be followed as in general enteroptosis; in the case of both kidneys moving (when both organs have been giving trouble), they should be fixed one after the other at an interval of a week, so that convalescence from both operations may be taking place simultaneously.

3. When the movable kidney occurs in a hysterical or neurasthenic patient, all palliative means should be tried before resorting to an operation, and the patient's friends should be informed of the uncertainty of the result from operation. The statistics show that a cure may be hoped for by nephropexy in about half of these cases.

4. For uncomplicated movable or floating kidney, in which the principal symptoms are pain and gastro-intestinal troubles, the operation may be confidently advised and carried out without any previous trial of belts or of rest.

5. When renal crises are a feature of the case, nephropexy ought to be strongly urged because of the impossibility of keeping the kidney in its proper place by a belt, and because of the constant risk of hydronephrosis and recutting pain, even if the renal crises can be kept under control.

6. When a movable kidney gives rise to no inconvenience, an operation ought not to be thought of, and a belt need not be worn. Henry Morris (Lancet, Nov. 30, 1901).

KOUMISS.

Koumiss is a highly-effervescent, slightly-acidulated form of milk produced by a certain process of fermentation. It contains the casein, which is the most nutritious portion of the milk in the unfermented condition. The composition of koumiss is always changing, the process being as follows: The lactose being partially changed into lactic acid, carbonic acid, and alcohol, the albuminoids are peptonized to a certain degree, and the other constituents of the milk exist in such a finely-divided state that the digestive fluid can act upon them easily. In the first stage of koumiss it is found to be somewhat sweet and mildly effervescent, but in the course of a few days it becomes decidedly acid and highly effervescent.

Practitioners frequently make the mistake of administering koumiss chilled. It should always be adminis-

tered with the chill taken off, and it will then be found very digestible. In fact, as a working rule, it is well to remember that, the nearer the temperature of the koumiss approaches that of the blood, the quicker and easier it will be absorbed. Again, the quantity should never exceed what the patient can easily digest. There has been introduced the preparation koumisgen, which is highly recommended by some authorities. It is prepared from skim-milk dried and powdered, and is alleged by its opponents to be deprived of its most important nutrient properties. Those who advocate its use, however, point to the practical result that it does good. H. C. Patterson (New York Med. Times, Dec., 1901).

LARYNGEAL TUBERCULOSIS AND PREGNANCY.

From the outlines of personal experience, the following conclusions may be submitted:—

With women of whom the prognosis is hopeless, one should treat laryngeal tuberculosis only in the usual local manner, and, if necessary, perform tracheotomy.

With women of whom the general prognosis is favorable, one should wait, so long as the laryngeal tuberculosis is quite slight (little erosion, a circumscribed ulcer). So soon as infiltration takes place, or the disease tends to become diffuse, one should inform the patient of the danger of her condition; and, after her consent is obtained, undertake tracheotomy as soon as possible, and, should this not work favorably in a few days, bring about artificial abortion.

The earlier the pregnancy is interrupted, the more favorable are the chances for the mother, because the strain of labor is less the smaller the fœtus is, and also the loss of blood which occurs in artificial abortion is proportionately small. From the seventh month of pregnancy the prospect for the mother becomes worse, because great exhaustion usually follows the strain of delivery.

It is advisable, with advanced laryngeal tuberculosis, to undertake tracheotomy before delivery, or, at least, to hold one's self in readiness for its performance, in order to obviate the risk of sudden suffocation during delivery. Arthur Küttner (Jour. of Laryn., etc., Nov., 1901).

LEUCORRHŒA AND GONORRHŒAL VAGINITIS, YEAST-TREATMENT OF.

Yeast in the treatment of chronic leucorrhœa, and vaginitis due to gonorrhœal infection, has recently been tried with considerable success.

In leucorrhœa and gonorrhœal vaginitis there occurs a substitution of a morbid fermentation by a non-dangerous yeast-fermentation, for the yeast-cells (saccharomyces cerevisiæ) appear to devour the morbid germs which set up inflammatory conditions.

Backer, who has made a study of the various ferments, is of the opinion that the natural toxins, however altered, may, in the treatment of disease, be replaced with advantage by ferments in the living state. He considers good health to be one of normal fermentation.

Hence, pure ferments like yeast attract pathogenic germs, allow themselves to be penetrated by them, and, once enveloped, destroy them by a true phagocytosis. D'Arsonval and Charrin have also made a series of investigations on the reciprocal action of microbes on

vegetable cellular tissues, and it would appear that in the case of yeast, in its struggle with pathogenic germs, it expends its energy as a ferment, acting consequently by reason of its phagocytic properties.

We see, therefore, why the treatment of leucorrhœa and other vaginal discharges with yeast is based on reasonable grounds, and it should, therefore, be tried in obstinate cases which do not yield to tonics and the usual local treatment.

The application of yeast in this connection is not convenient, owing to its keeping badly, its offensive smell, and the difficulty of obtaining fresh supplies, as well as its inconvenient frothy nature. This, however, can be overcome by using the pure desiccated form, known as cerevisine, which may be exhibited in the form of a pessary of cocoa-butter filled with cerevisine, and placed in position on going to bed, or a paste made up with glycerite of starch, and retained with a tampon of absorbent cotton, or again applied by dipping absorbent cotton in a thin paste of cerevisine and water. The quantity for application is not important, as it is perfectly harmless, but from 1 to 2 teaspoonfuls can usually be introduced and retained in the vagina during the night, which will give more cleanly and comfortable results than injections of brewers' yeast during the day. Ph. Chapelle (Therapeutic Monthly, Nov., 1901).

LYMPH, THE ORIGIN OF, IN THE PERIPHERAL LYMPHATIC CIRCULATION.

From observations on the peripheral lymphatic circulation in large animals during rest, muscular activity, physiological activity of all the tissues during secretion, under the influence of variations of blood-pressure, both local (from vasodilatation and vasoconstriction) and general (from intravascular injections and blood-letting), likewise from the effects of the injection of toxins (hypertensive and hypotensive), and also from the effects of ergotine, the following conclusions have been personally reached:—

1. That the lymph in the peripheral lymphatic districts is not a simple product of transudation from blood-plasma under the influence of blood-pressure.

2. That this transudation is at all times feeble.

3. That the lymph is, above all, a product of the elaboration of the tissues, and represents blood-plasma robbed largely of its nutritive constituents.

4. That its formation is in direct correspondence with the vital activity of the tissues.

5. That the peripheral lymphatic apparatus is in a certain sense an excretory apparatus. G. Moussu (Brit. Med. Jour., Nov. 23, 1901).

MALARIA, MOTTLED CELLS IN.

In malaria the blood-cells occupied by the parasite, when stained by Romanovsky's method, as modified by Ruge, remain colorless, but exhibit a mottling with numerous red spots upon their surfaces. The red spots are always of the same color, they are of the same size, and evenly distributed on the cell. They become larger as the organism becomes older. In red cells infected with adult parasites there may be seen certain spots of a violet or reddish-violet color, irregular in shape, and ill defined in contour, of varying size, from that of a small granule to half the size of the

nucleus of the parasite. W. Stephansky (Roussky Archiv Patol., etc., June, 1901).

MALARIAL FEVER, QUININE IN.

Quinine should be administered only when required, and then given in sufficient doses to destroy the parasites in the blood. The incubative period of malaria is certainly not less than five days; therefore a person visiting a malarious district should take from 7 to 15 grains of quinine at bed-time on the fourth day, and he should repeat this every fourth or fifth day during his stay in the place or until cold weather puts a stop to the liability to infection; he should also sleep under a mosquito-bar and stay in-doors after sundown.

Small daily doses of quinine—1 to 2 grains—simply habituate the parasites to the presence of the drug in the blood, and they continue their evolution in its presence. Quinine should be preceded by a purgative. Then an acid solution of quinine is to be used.

Quinine, when combined with camphor and capsicum, will cause the disappearance of the malarial parasite from the blood more quickly than quinine alone.

In the continued or remittent æstivo-autumnal fevers the patient is personally put on the following prescription. It must be compounded exactly as written, and *not filtered*. When properly made, it looks like buttermilk, and must be shaken each time before using:—

℞ Magnesium sulphate, $^1/_2$ ounce.
Solution of ammonium acetate, 1 ounce.
Quinine sulphate, 4 grains.
Camphor-water, enough to make 11 ounces.

M. Sig.: Two tablespoonfuls every four hours, fever or no fever.

This prescription is good in any form of acute malarial disease, but is preferred in cases in which the fever is continued or in which the patient cannot take full doses of quinine, on account of head-symptoms. It produces a gentle perspiration, keeps the bowels open, reduces the fever, and nearly always effects a cure. W. P. McIntosh (New York Med. Jour., Nov. 30, 1901).

MILK, TOP-.

The best way to obtain a fairly constant cream is to allow milk to stand for about six hours in a cool place. The creamy layer, known as gravity cream in the trade, contains nine-tenths of the butter-fat in the milk. If the first 9 ounces of this are used, it may be considered to contain cream in the proportion of 3 to 1 to the amount of milk. If the first 15 ounces are used, the proportion is about 2 to 1. For the obtaining of this upper layer, the dipper personally suggested some time ago is cheap, clean, and easy of employment. Above all things, to be successful the feeding of infants must be simple. If there is any dirt in milk, it is well known that it sinks to the bottom, and can often be seen in bluish-black particles through the glass of the bottle. By the use of Dr. Coit's siphon this dirt is not apt to be removed, or at least not removed entirely, because the upward flow through the siphon is gentle, and does not disturb the lower layer of milk very much. The dirt remains to contaminate the upper layer of milk, which is left in the bottle after siphoning to be used for feeding purposes. Chapin (Medical News, Nov. 30, 1901).

MYCOSIS OF THE TONSIL AND BASE OF THE TONGUE.

No case of mycosis occurring in the male has been personally seen. The

habit of smoking in the male may be the means of preventing this plant from involving the mucous membrane.

In one case of mycosis where the growth was marked, the throat was treated in succession by the application of chromic acid, carbolic acid, nitric acid, and sulphuric acid. These acids seemed to irritate the growth and produced an extension. The parts were then treated by boric acid, nitrate of silver, and various other applications; but these seemed to act as fertilizers, and the growth sprang up more vigorously.

Then the patient smoked a cigar or a pipe of tobacco as often as circumstances permitted. The tobacco had the effect of retarding the growth of the plant, and greatly diminished the growth on the palate. Then evulsion was begun with a forceps, each root being picked out. The parts were then cauterized by a bent probe with chromic acid. The membrane was carefully sprayed with an alkaline solution to limit the action of the acid.

This treatment had a marked effect in diminishing the growth of the plant, but was not entirely satisfactory. She was now given

℞ Tinct. ferri perchloridi, 3 drachms.
Glycerini, 2 ounces.
Aquæ, q. s. ad 3 ounces.

M. One drachm every three hours, without water, to be used as a gargle and then swallowed.

This solution had more effect upon the remaining growth than any preparation previously used.

It is not believed that this solution would have any effect at the start, but it was very effective, when used in conjunction with tobacco and the chromic-acid applications, after the growth had been torn out by the forceps. E. Harrison Griffin (New York Med. Jour., Dec. 14, 1901).

MYOPIA.

The future of many myopic eyes depends on the way in which they are used. Prolonged and habitual close work does harm. The effect is seen in overworked school-children, clerks, school-mistresses, literary men, seamstresses, jewelers, type-setters, and others. It is seen not only in the greater prevalence of complications among such persons, but in individual cases. Excessive close work in early life is often accompanied by rapid increase of refraction; in later life it often aggravates the graver complications. Patients who must, or will, continue such work in excess, especially those whose working distance is already too short and who decline to lengthen it by the aid of glasses, are encouraging their myopia to run a pernicious course. The amount of risk must be estimated from the grade of myopia, the age of the patient, and the amount of choroidal change already present. To give a bad prognosis, by way of warning, is sometimes the best or only way to prevent its fulfillment. Priestley Smith (Ophthalmic Review, Dec., 1901).

MYOSITIS FIBROSA.

During the early period of the disease rest of the affected muscles should be insisted upon, while during the later stages the presence or absence of pain on motion must govern one in his decision as to whether or not the use of the limbs should be interdicted. Operative intervention might be said to be indicated only in those cases in which the mass is causing sufficient pressure upon the adjacent nerve-trunks to ac-

count for sensory or motor disturbances. Internal medication is practically of no avail in the treatment of this affection; mercury, the iodides, and numerous other drugs have been employed without exhibiting any beneficial effect. The treatment yielding the best results is purely local. Massage and electricity, together with the use of variously medicated baths, seem to promote the absorption of a part, at least, of the fibrous tissue. Montgomery H. Biggs (University of Penna. Med. Bull., Dec., 1901).

NEPHRITIS, SCARLATINAL.

As the danger of nephritis is greater during the stage of desquamation, the patient ought to be kept under medical observation for at least three or four weeks. The urine must be examined daily or at least every other day during this period. The routine treatment consists in rest, fluid diet (milk diluted with lime-water, oatmeal-water, etc.; broths and clear soups). Water in small quantities at regular intervals, with or without salines, should be given. The temperature of the room should be about 72° F. when possible. Flannels should be worn; in mild cases the above will be sufficient with the addition of fractional doses of calomel four times daily.

If severe headache, nausea, and vomiting be present, small doses of calomel may be given hourly. Liquid must be given in 1-drachm doses every five to fifteen minutes until the stomach can take more. Coma or convulsions require energetic treatment, as hot packs, high saline injections, brisk purging, oxygen, caffeine subcutaneously, and the like. Even in coma and when convulsions have ceased, 1-drachm doses of water should be given at frequent intervals. The other uræmic manifestations yield readily to methods described above.

As long as albumin appears in the urine, the patient ought to be kept in bed, or, if intractable, at least be confined to the house, in an even temperature, avoiding exposure or a display of too great muscular activity.

The anæmia must be combated by means of light nutrition, food, and iron internally. The functions of the bowels may be regulated by the use of salines or calomel.

The myocardial weakness is to be treated by rest and strychnine in appropriate doses.

Plenty of water, a moderate amount of lemonade or carbo-water may be given. F. Huber (Pediatrics, Dec. 15, 1901).

NOSE, BACTERIA IN THE.

In a study of the bacteria in the nose the positive findings overwhelm the negative results; the weight of evidence is strongly to the effect that the normal nasal mucus contains bacteria. However, the flora of the nose cannot be as abundant as one would suppose from the number of bacteria inspired.

The practical conclusions to be drawn are:—

1. It is advisable to sterilize the vestibule of the nose before operating.

2. After operation the nostril on the operated side should be closed with a piece of cotton to act as a filter.

3. Plugging of the nasal cavity after operation is, as a rule, inadvisable, as it tends to retain the nasal secretions.

4. Nasal wounds do not heal by first intention, owing to the presence of bacteria. This also explains the occurrence of secondary hæmorrhage.

Fever after operations and the few deaths recorded have probably been due

to the presence of pathogenic micro-organisms in the nose. Samuel Iglauer (Laryngoscope, Nov., 1901).

OBTURATOR HERNIA OF THE BLADDER AND OF THE FALLOPIAN TUBE.

The following is a description of two rare forms of hernia found in a female subject, aged 78 years, in the Practical Anatomy Rooms of the Middlesex Hospital Medical School. The cause of death was certified as "morbus cordis." by a fibrous band with the connective-tissue septa of the lobulated fatty mass which covered it. This mass of fat, which was continuous through the obturator canal with the adjacent extraperitoneal layer of fatty areolar tissue, lay immediately below the obturator crest, and was flattened out between the obturator externus muscle and the obturator membrane; it measured 2.5 centimeters in length and 1.5 centimeters in its greatest vertical diameter. The obturator nerve and

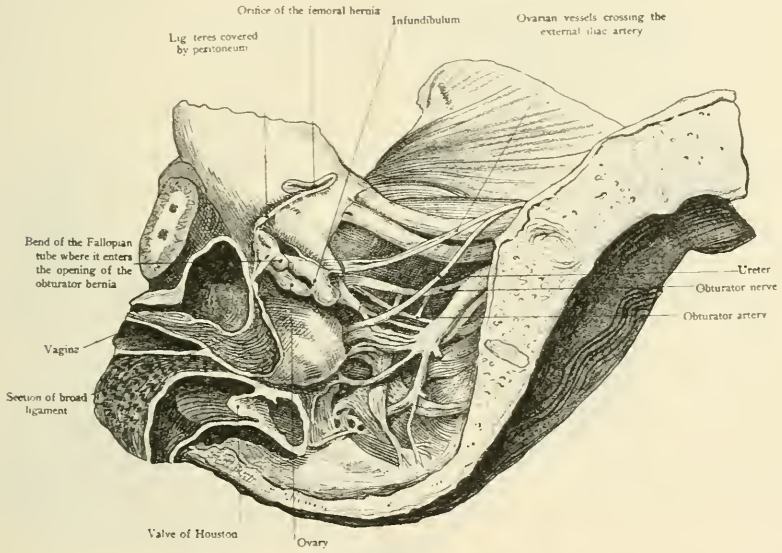


Fig. 1.

On the right side a U-shaped bend of the Fallopian tube (Fig. 1), with a portion of the mesosalpinx, was found lying within a small peritoneal sac. This sac had escaped from the pelvis through the obturator canal, and lay imbedded in a mass of fat beneath the obturator externus muscle; it resembled in shape the end of a small test-tube, and measured 1.5 centimeters in length and rather less than 1 centimeter in width. Its extremity was connected externally vessels at the entrance of the obturator canal were to the outer side of the sac; at the crural end the two branches of the nerve lay to the outer side, while the bifurcation of the obturator artery was situated below the hernia.

On examining the parts from the pelvic aspect (Fig. 1), the middle portion of the right Fallopian tube, with its adjacent mesosalpinx, was found lying within the sac. The length of the right Fallopian tube was nearly double that

of the left. The attached border of the right ovary, midway between the uterine and ovarian poles, lay close to the orifice of the hernial sac, but the ovary was not actually engaged within it. On this side of the pelvis there was also a small femoral hernia, consisting of a sac 3 centimeters in length, containing a knuckle of small intestine. It did not extend beyond the crural canal, and the intestine was easily reducible.

rator externus muscle, and was divided superficially into two almost equal parts by a fibrous band, extending from the surface of bone just below the pubic spine to the anterior margin of the cotyloid notch and the transverse ligament. A second flat band extended from the inner margin of the obturator foramen to the cotyloid notch externally, where it was attached to the transverse ligament just below the former; this band

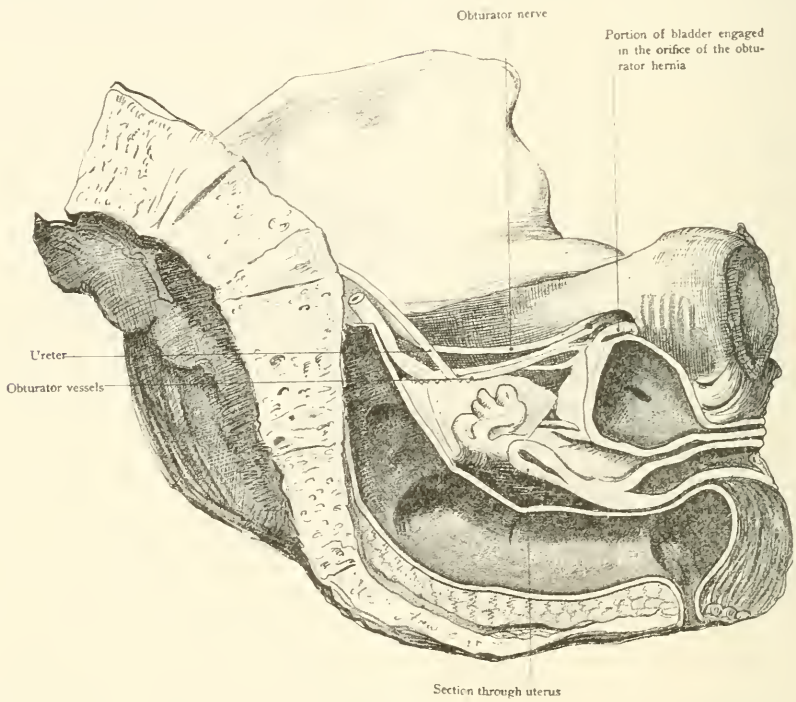


Fig. 2.

On the left side of the pelvis (Fig. 2) a corner of the bladder-wall, situated anterior to the line of reflection of the peritoneum, was found to be firmly fixed in the commencement of the obturator canal; beyond this, and appearing outside the pelvis, was a pellet of fat having about the same form and size and occupying the same position as that on the right side. It lay beneath the obtu-

lay below the hernia, and bridged across the branches of the obturator artery. This structure seldom exists as a continuous sheet. It is sufficiently strong to give rise to strangulation of an intestinal obturator hernia, and from its position it is extremely liable to do so.

The vessels on this side entered the obturator canal to the outer side of the herniated bladder, while the bifurcation

of the artery at the crural end of the canal lay below and behind the hernia. The obturator nerve entered the canal above and to the outer side of the bladder; it bifurcated within the canal, and its two divisions passed out into the thigh above the fatty portion of the hernia. A few muscular fibers which were connected with the outer surface of the bladder were prolonged outward as a fibrous band, which lay imbedded in the upper part of the fatty mass. This band was continuous with the connective tissue of the investing fat.

On making a mesial sagittal section through the pelvis, and thus opening the bladder, the hernia appeared from the inside as an elongated conical recess in the mucous membrane, the cavity of which turned upward and forward to the entrance of the obturator canal.

The bladder was of normal size. The viscus, however, along with the uterus, was considerably displaced to the left, and the latter was much atrophied.

On examining the interior of the rectum there were seen two valves of Houston in the lower part of the rectum, and a third much higher at the level of the second sacral vertebra. The middle valve (Fig. 1) was considerably thickened; it was attached to nearly the whole circumference of the gut, so that the passage here, which was behind and to the left, was extremely narrow. R. J. Gladstone (Annals of Surgery, Dec., 1901).

ORAL PROPHYLAXIS.

There is a wide distinction between the ordinary methods of "cleaning the teeth" and the following system of prophylactic treatment.

When necessary, scalers should be used for the removal of solid deposits and such mucous concretions as may have been the means of softening or causing a partial decalcification of cervical enamel; and this should be perfectly attained. Following this, the teeth should be thoroughly polished on all exposed surfaces: the labial, buccal, palatal, lingual, mesial, distal, and, in cases of developing teeth, the occlusal as well. The hand-polishing with stick and pumice should reach to every exposed portion of the tooth, and be continued until the touch, which can be educated in this manner to distinguish better than the eye, gives evidence of thorough cleansing and polishing. The operation is best done with properly-shaped orange-wood sticks charged with powdered pumice-stone.

The grit of not too finely powdered pumice-stone has been found best adapted for removing viscid mucoid accumulations and for polishing enamel surfaces; and, what is even more important, the friction of the stick and pumice as applied by hand—for power-polishers should never be used—seems to excite or stimulate the vital forces of the tooth to increased activity in the removal of waste and the deposit of new and better material. The effect has been likened to massage treatment for muscular tissue.

The benefits resulting from this treatment are most marked, and extend to all parts of the tooth.

While the deciduous and young permanent teeth are most responsive, all classes of teeth, and teeth of all ages, are peculiarly and positively benefited, as is plainly shown in them after a few months of regular and careful treatment.

The benefits are not to enamel or treated surfaces alone, but results are equally pronounced in pericementum, gums, the alveolar structure, and ap-

parently in the dentine and cementum. There are striking exhibitions of change and improvement of color in the enamel, while it is apparently taking on from month to month a firmer texture and a more compact resisting structure. The change in color is from an opaque, old-ivory appearance to that of clear, translucent, polished enamel, the whole giving the appearance of increased density and general improvement. D. D. Smith (International Dental Jour., Dec., 1901).

OXYGEN-GAS IN DISEASES OF THE LUNGS.

Michaelis regards intoxications (poisonous gases, during intoxications, chloroform narcosis, alcohol intoxications, etc.), as a chief primary indication, and dyspnœa as a next chief indication for the employment of oxygen inhalations. In pneumonia and pleuritis the compression of the lung may prevent absorption of oxygen, and relief may not be correspondingly as great as in dyspnœa of bronchitis, asthma, or emphysema.

In pneumonia oxygen should be used for the relief of dyspnœa, cyanosis, and as a stimulant to a rapid, weak, and failing heart.

The administration of from 1 to 4 liters at a time twice or thrice daily, either pure or diluted with from 1 to 4 volumes of air, is recommended. In the most urgent cases the more or less continuous administration of the gas is advisable. These questions are to be decided entirely by the necessities of the individual case. It is always best to allow of some dilution of the gas except where asphyxia is imminent. In some cases of lobar pneumonia, when the breathing-space is limited and cyanosis is present, the gas should be given more or less continuously, and should not be much diluted. In broncho-pneumonia and in influenza-pneumonia the gas should be administered for ten minutes every half-hour, or for fifteen minutes every hour, and should not be strong enough to cause flushing of the capillary vessels. When cyanosis is present and the pulse lacks volume, the gas should be given until the lips redden and the pulse improves.

In bronchial and spasmodic asthma, capillary bronchitis, and in emphysema the better diffusion of air in the lungs produced by oxygen inhalations is alone sufficient to explain its good effects. In cardiac dyspnœa, cardiac asthma, and in the spasmodic attacks of dyspnœa from vasoconstriction in cardiorenal disease, and in aneurismal dyspnœa oxygen is of marked, though temporary, benefit. In the dyspnœa incident to the hyposystolic period of advanced cardiopathies, oxygen may give considerable relief, particularly when reinforced by the administration of more powerful and lasting vasodilators. Its administration here is governed entirely by the amount of relief afforded to the subjective sensation of want of air, and can be regulated principally by the desires of the patient.

In severe cases of bronchiolitis in children oxygen will sometimes afford considerable relief. It should be freely diluted. In the advanced stages of chronic bronchitis in aged persons much relief to the dyspnœa, which is sometimes distressing, can be obtained by the use of oxygen-gas.

If oxygen is used with due appreciation of the temporary nature of its effects, as a relief to distressing symptoms, or as an aid in rounding a critical period, one will come to regard it as a present aid, and not as a measure to be

introduced simply for the sake of appearance and to avert criticism. J. M. Patton (Clinical Review, Nov., 1901).

PERICARDIUM, ADHERENT.

Diagnosis is difficult, if not impossible, when the sac is adherent to the heart, but not to the neighboring structures. The signs then relied upon are inspiratory distension instead of the normal inspiratory collapse of the external jugulars or other superficial veins; diastolic collapse of the cervical veins, known as Friedreich's sign; pulsus paradoxus, a by-no-means constant nor reliable sign; and the detection of cardiac hypertrophy for which no adequate cause can be discovered. When the pericardium is adherent to the chest-wall or diaphragm, other signs are often developed that render diagnosis easy and certain. These are a systolic retraction of one or more interspaces in close proximity to the apex-beat or of the epigastrium; fixation of the apex so that its gravitation from side to side with the turning of the patient's body or its descent during inspiration is prevented or much restricted; a systolic retraction followed by a diastolic rebound of the chest-wall that by some authors is considered pathognomonic; a systolic sinking or drawing inward of the tenth and eleventh intercostal spaces below the inferior angle of the left scapula and occasionally of the right, known as Broadbent's sign. In some instances auscultation detects friction-sounds of a fine crackling or creaking character along the sides or apex of the sac, which sounds are synchronous with cardiac contractions and are sometimes elicited only during inspiration. A fine, creaking sound is heard in some cases at the base of the heart upon the body of the sternum while the patient slowly raises and lowers the arms. Finally, in some cases in which positive signs cannot be obtained the diagnosis of this condition is rendered possible by a process of exclusion, together with the history of a previous rheumatic attack and the discovery of an hepatic enlargement for which no other predisposing cause can be ascertained. R. H. Babcock (Medical News, Dec. 14, 1901).

PNEUMONIA.

There is great confusion as to the significance of pneumonia of the apex. By some it is regarded as a localization of great fatality, and by others its mortality is said to be slight. The general mortality of apex and basal pneumonia is the same. The mortality of uncomplicated apical disease in the child is almost *nil*. Phthisis is rare in connection with acute lobar pneumonia, and when it involves the apex it shows no particular tendency to eventuate in tuberculosis. Involvement of the apex in adults may sometimes be accompanied by a mild course of the disease. E. F. Cordell (Maryland Med. Jour., Oct., 1901).

In all cases of broncho-pneumonia rest is important. The light in the room should be mild and the surroundings as quiet as possible. Temperature of the room should be between 68° and 72° F., and the air kept moderately moist. Fresh air is important. By proper precautions, all danger of draught can be avoided. The patient should be allowed to have as much water as desired. Lemonade-water or a little dilute hydrochloric acid and water is often extremely grateful.

One is to see that all excretory functions are being properly performed. To allow free action of the diaphragm, the

condition of the intestinal tract is to be carefully noted. If flatulency or constipation exists, calomel will be of service. Counter-irritation as a mode of treatment is subject to a great difference of opinion. Personally, mustard plasters have been used, followed by a good covering of cotton, and it is considered a valuable part of the treatment. Poultices are not cared for, owing to their weight.

For high degrees of temperature, one of the best antipyretics is cold water. If the circulation is poor, with cold feet and irregular heart, a hot foot-bath is good. If the bath is not used, one should apply warm packs to the limbs and cold to the trunk and head.

Drugs are to be used sparingly in early days of the disease. Aconite, if anything, may be used early in small and frequent doses, but its use should not be persisted in too long.

Expectorant mixtures, especially if of a depressing character, should be avoided or used very sparingly, if at all. J. Park West advises codeine for pain and cough.

It is important to watch the heart carefully, and, upon the least indication of effort to keep up proper circulation, start in with stimulants. Alcohol is of value in later stages of the disease, $^1/_2$ ounce to 3 ounces in twenty-four hours, of whisky or brandy, well diluted. Strychnine is of great value, and digitalis and strophanthus according to indications.

In persistent cases good tonic treatment is indicated, and sometimes potassium iodide will prove of benefit, as will also codliver-oil. A. E. Shipley (Brooklyn Med. Jour., Oct., 1901).

Carbonate of creosote approved of in pneumonia. It may be given in doses of 8 or 10 grains, five or six times per day, and usually when a drachm or more has been taken the temperature will rapidly fall to normal and the alarming symptoms will disappear. If the drug is then discontinued the temperature again rises, subsiding, however, if the creosote is once more resumed. L. Weber (Medical Record, Nov. 2, 1901).

Cardiac depressants should be used in the treatment of the congestive stage of pneumonia. Veratrum viride is as efficient as it is safe. The tincture should be administered in oft-repeated doses until the physiological effect is noticed, namely: some nausea, relaxation of the skin, and a reduction of the pulse-rate and temperature. Its administration should not stop as soon as the exudate is formed, but its use should be continued so long as the pulse is angry and the blood-pressure too high. The administration of this drug lessens the amount of exudate and seems to cut short the attack. W. L. Dickerson (Jour. Amer. Med. Assoc., Nov. 9, 1901).

Venesection should be oftener employed in lobar pneumonia. Seriously embarrassed circulation is the indication for venesection. In a large series of cases ice-bags were applied to the chest with benefit. Turpentine stupes and sinapisms, and later a cotton jacket with camphorated oil, are personally used. For sleeplessness as well as for painful cough Dover's powder with hot whisky is used with good results; an opiate is preferred to more depressing hypnotics. In complicating pleurisy a hypodermic injection of morphine is of value. The free use of strychnine is recommended in cardiac distress; it may be given hypodermically if circulatory depression is marked. In cases of hard, bounding pulse with flushed face liquor ammoniæ acetatis or the sweet spirit of niter gave as much satisfaction as either aconite or

veratrum. J. N. Hall (Phila. Med. Jour., Nov. 9, 1901).

A series of 168 cases of pneumonia treated with 17 deaths. The following are the conclusions from a study of these cases: 1. The sustaining of the metabolic process of the individual by the administration of easily-digested or predigested foods in small quantities at stated intervals, the administration of large amounts of pure water for eliminative purposes, and the administration of oxygen-gas by inhalation whenever the absorbing surface of the pulmonary mucosa is involved to such extent as to interfere with proper metabolic oxygenation. 2. Elimination (*a*) by the liver and bowel through the vigorous use of calomel and salts; (*b*) by the skin through sweats by external heat; (*c*) through withdrawal of blood when indicated by right-heart distension. 3. Stimulation of heart by strychnine, alcohol, or ammonium carbonate, and in suitable cases by subcutaneous injection of normal salt solution. 4. The local treatment of the lung by leeching, wet cupping, or dry cupping, as indicated. De L. Rochester and C. G. Stockton (Jour. Amer. Med. Assoc., Nov. 9, 1901).

Antipneumococcic serum used in 12 cases of pneumonia. Eight patients were over 30 years old; of the other 4 cases, 1 was excessively alcoholic and 2 confessed to its moderate use. Of the 8 cases, 3 used alcohol to excess, 2 others had mitral regurgitation, nephritis, and 1 arteriosclerosis. Albumin was found in the urine of 10. There were 9 recoveries from this series. The only conclusion that can be drawn is the negative one that the course of the disease is not lengthened by the use of serum. It is no specific against the pain resulting from the inflamed pleura. Skin eruptions, together with pain and swelling in the joints, were occasionally produced. G. G. Sears (Boston Med. and Surg. Jour., Dec. 12, 1901).

QUININE RASHES.

In the diagnosis two points are of especial interest: the involvement of mucous membranes and desquamation. In 14 of 61 cases reported there was desquamation, and in 11 of the 14 the mucous membranes were involved. These facts bring scarlet fever into the question of diagnosis. The most potent cause is idiosyncrasy; age, sex, size of dose, etc., have little bearing on the production. Treatment is symptomatic. When the idiosyncrasy is known, the drug should be given hypodermically. H. C. Wood, Jr. (Medical News, Nov. 23, 1901).

The differential diagnosis between scarlet fever and quinine rash should be based on (1) the history of exposure to scarlet fever; (2) the greater intensity of constitutional disturbance in scarlet fever; (3) the desquamation in quinine rash is not so persistent; (4) there is not that peculiar desquamation of the fingers, especially around the nails, in quinine rash; (5) there are not the enlarged tonsils covered by a yellowish exudate, as in scarlet fever; (6) there is not apt to be the strawberry tongue in quinine rashes. J. F. Schamberg (Medical News, Nov. 23, 1901).

RECTOCOLITIS.

The symptoms of rectocolitis are (1) local or physical and (2) constitutional or rational. In acute dysentery or "bloody flux" large quantities of jelly-like mucus, with blood, appear in the stool, accompanied by severe straining and tenesmus. Chronic hypertrophic catarrh produces shreddy casts of long or short pieces that are sometimes

tinged with blood, stools irregular, etc. Inspection reveals thick and rigid valves; their margin at times denuded of its epithelium, red, and inflamed; and the touch of an instrument evokes severe pain in the back according to the nerve-center disturbed. For the same reason the symptoms of rectocolitis are referable to the uterus, mouth of the urethra, ovaries, and stomach. Constitutional symptoms occur through the absorption of ptomaines from retained fæces and gas, which results in severe and constant headaches, especially postcranial and cervical; nausea, anorexia, fermentations, pains in back, and vague pelvic and abdominal discomfort; the patient tires easily and is greatly depressed; the extremities are cold; the pulse is weak, indicating great nervous exhaustion. However, their physical appearance is that of good health; hence they derive little sympathy from their friends. W. M. Beach (Medical News, Dec. 14, 1901).

RHEUMATISM, CASES SIMULATING.

A series of cases with painful symptoms usually located in the neighborhood of joints, which had been diagnosed either by the patients themselves or by their physicians as rheumatism, have occurred at the New York Polyclinic in the service of Professor Katzenbach. When the patient was not able to give a straight history of acute rheumatism,—that is, red swollen joints, fever, and sweating,—the case was at once assumed to be not rheumatic in character. It has seldom been necessary to retract this assumption, during the subsequent treatment of the case. Some 40 patients were under treatment, and of these 15 that presented so-called rheumatic symptoms of the lower limbs were found to be suffering from flat-foot. This proportion, a little more than one-third, represents very nearly the ratio in which flat-foot symptoms are mistaken for rheumatism.

It is usually a source of no little surprise to the patients when told that their symptoms are due to the sinking of the arch of the foot. The pain is often not referred to any part of the arch itself, but to the base of the big toe and to the muscles of the calf. As a rule, these patients have known of the existence of their flat-foot for some time, and yet the symptoms have come on rather unexpectedly. Generally the pain is mainly felt in one leg, though both feet are usually "flat." It will usually be found that patients have run down in health shortly before the development of their symptoms. Sometimes, on the contrary, they will be found to have taken on considerable weight, not infrequently becoming distinctly obese during the year immediately preceding. The patients are usually persons who have to stand on their feet a good deal, the majority being waiters and waitresses, male and female cooks, clerks, or shop-girls.

Very often the symptoms are worse during changeable weather and on damp or rainy days. One reason for this is that on damp, muddy days these patients are apt to wear old shoes, which furnish much less support to the arch of the foot than do snug, well-fitting new ones. This is, the author thinks, the most important factor in the exaggeration of the discomfort of flat-foot in damp weather. Besides this, however, it is undoubtedly true that superficial nerves are more sensitive when there is much dampness. The reason for this is that the skin becomes cold, and the circulation is interfered with so that the sensitive terminal nerve-end-

ings fail to receive their proper amount of blood. On cold days this disturbance of circulation is not so noticeable, because dry cold causes a reaction in the capillary circulation, and the nerves

Uniform Atrophy of the Hand, Four Years After Resection of the Wrist.

receive proper nutrition. J. J. Walsh (American Medicine, Nov. 30, 1901).

SARCOMA, MYELOGENOUS.

Sarcoma originating from the medulla is called myelogenous. It may be classified as soft, hard, alveolar, and multiple. The hard myelogenous variety, generally called endosteal, or central, sarcoma, also shows the ordinary sarcomatous structure. But its distinguishing feature is its fibrous texture and the presence of spindle cells. Some portions contain various tissues, the spindle-cell tissues often containing giant cells. If some smaller or larger bone-trabecules are produced, it is called

osteosarcoma proper; if there are calcareous deposits, petrifying sarcoma; and if the tissues become vascular, a telangiectatic sarcoma will be formed, so that it may be mistaken for an aneurism. In later stages, when there is a regressive metamorphosis, fatty or cystic degeneration may take place. Then neoplasms, which occur especially in the femur, tibia, and inferior maxilla, may attain an enormous size.

The sciagraph of osteosarcoma proper shows more osseous tissues than the soft myelogenous variety, but its outlines are very irregular. They usually commence near the epiphysis of a long bone.

Case of a woman of 40 years, in whom the destruction of the lower third of the radius and of a large portion of the carpus occurred. Resection was performed more than four years ago. The perfect result is illustrated in the figure, which shows a slight and most uniform atrophy of the whole left hand. Carl Beck (Annals of Surgery, Dec., 1901).

SCOLIOSIS.

From experiments on the cadaver and model it is evident that forcible attempts to correct bony rotation must be made with much care, remembering that it is easier to twist the whole thorax unchanged than to effect any considerable change in the curve itself.

This has been recognized in the construction of some of the instruments for forcibly correcting the spine. Much apparatus has aimed only at oblique forward pressure on the bony rotation; for example, the "Detorsions apparat" of Schulthess. This sort of pressure, while it may diminish the rotation, so far as it is effective will increase the lateral curve.

This criticism applies not only to the use of much corrective apparatus, but also to gymnastic work, where attempts to correct the rotation in fixed curves is made by manual pressure upon the prominent ribs. Figs. 1 and 2 are a sufficient comment on this class of work.

In so far as the corrective force used presses forward upon the rotated ribs, it must be met by counterpoints of force

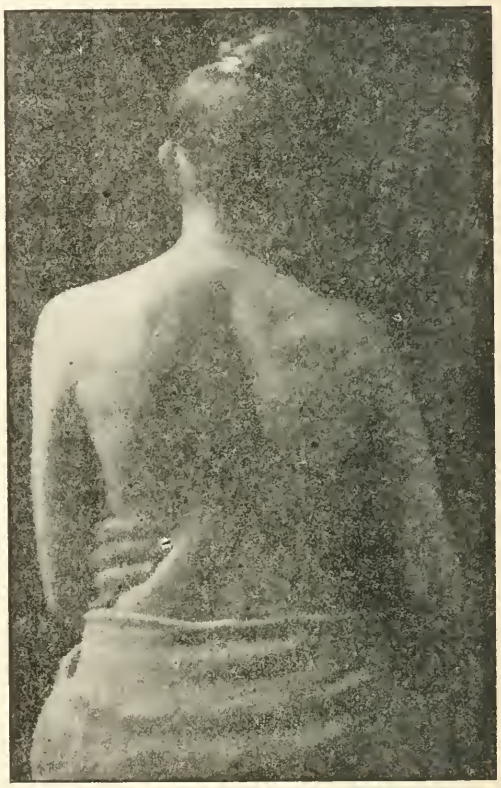


Fig. 1. — Rotation Diminished by Forward Pressure on the Right Side of Thorax. No Lateral Pressure is Being Made.

on the thorax, preventing the rotation of the thorax as a whole; otherwise the force will be dissipated through the spine, and the thorax will be twisted unchanged. If it is met by such counterpoints of pressure, the force will be expended on the thorax, and will be corrective so far as it is effective.

Attempts, in fixed curves, to diminish the rotation by force in any degree directed forward, not carefully antagonized on the thorax, will lead to an increase of the lateral curve. Conversely, attempts to diminish the lateral curve by pure lateral pressure, not carefully antagonized, will result in fixed

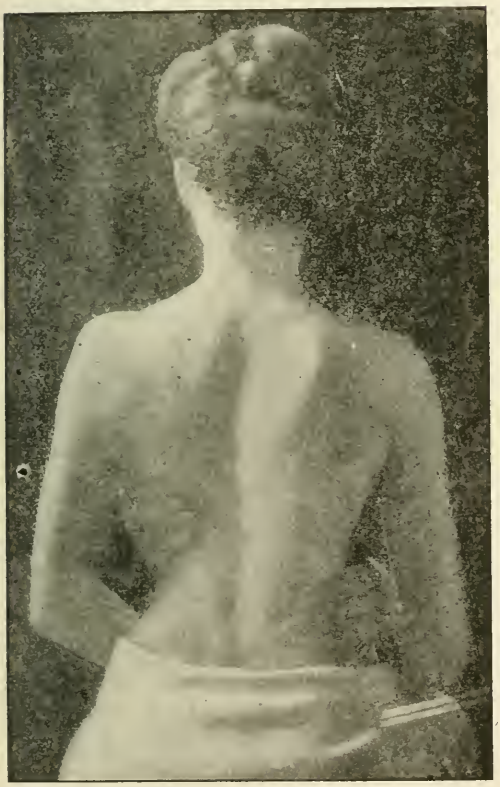


Fig. 2. — Rotation Increased by Forward Pressure on Left Side of Chest. No Lateral Pressure.

curves, in an increase of the rotation, as it is easier for the whole thorax to rotate backward than to give way laterally.

If forcible correction is to be used properly, both forward and lateral force must be met by opposing forces on the thorax itself; the force must be expended on the curve and limited to the thorax. The only way to do this, obviously, is to keep the thorax from rotating on the movable points of the spine, and to exert the pressure there instead of distributing it through the spine.

In flexible cases, on the other hand, the reverse seems to be true, that rotation and lateral deviation are parts of one movement and are correlated. Given, however, a fixed condition of a distorted spine, and the conditions are changed.

An active or passive rotation of the spine in one direction causes a right-dorsal, left-lumbar curve, and, in the opposite direction, a left-dorsal, right-lumbar curve. This suggests that one or the other of these rotations might be used with benefit in a given case, in addition to direct lateral or oblique pressure, in the application of corrective jackets to secure improved position of the lateral curve. The same is equally true of their probable usefulness in gymnastic work.

It seems not unlikely that the understanding and use of rotation of the spine as a corrective measure in scoliosis may be the next step in progress. R. W. Lovett (Boston Med. and Surg. Jour., Oct. 31, 1901).

SIPHON, AUTOMATIC.

One of the principal difficulties in arranging for infant-feeding with the proper portion of ingredients in the prepared food is the difficulty of easily obtaining cream of a definite percentage of fat-content. The siphon personally used will overcome this difficulty. It is a creaming siphon that will effect the complete separation of the cream at the cream-line, or deliver a mixture of cream and skim-milk at any line to be determined upon. The

ordinary quart milk-bottle is used as the source of the cream and milk. This is supposed to hold 32 ounces. The table on which the bottle rests must be level and the siphon must be inserted to the bottom of the bottle. The end of the siphon that dips into the bottle is funnel-shaped. This enables it to be filled easily with water, and this lessens the danger of the nurse-maid applying her mouth to the end of the siphon in order to start the flow of liquid, which is always an objectionable proceeding. Moreover, the presence of the funnel makes it easier to clean the tube in running water, and when inserted into the bottle the funnel-shaped end causes the instrument to rest more evenly on the bottom of the bottle than would otherwise be the case. If about 4 ounces are allowed to remain in the milk-bottle, with the usual milk, this will contain about 20 per cent. of fat. When 6 ounces are left it contains about 15 per cent.; 8 ounces, about 12 per cent.; 11 ounces, about 10 per cent.; and 16 ounces, about 8 per cent. of fat. The ordinary milk as served to customers in cities is presumed to contain, according to well-known investigation, about 4 per cent. of fat. H. L. Coit (Medical News, Nov. 30, 1901).

SPINE, CARIES OF THE.

In an analysis of a thousand cases of spinal caries an endeavor was made to ascertain the first symptom in each case.

In the cases occurring from birth to five years of age there were symptoms 568 times; in 32 cases the child was brought to the hospital for some trouble not directly referable to the spinal disease.

In the cases from birth to the age of five, the first symptom noted was the unnatural attitude of the child. Of the 600 cases occurring within these years, 189 held this unnatural position, while pain was the prominent feature of 139 cases. In 63 cases the kyphosis was the first manifestation of the disease. In 126 cases the trouble was called to the attention of the surgeon by night-cries, gastralgia, and progressive weakness, while grunting respiration, inability to walk, and abdominal protrusion were present in but a very small number. At the time of the first examination of these 600 cases, the record shows that there was no evidence of deformity in 157 patients.

From close inspection of the tracing of those cases in which deformity occurred, it was found to be marked in 99 cases, moderate in 140, and slight in 204.

In the years from five to ten, pain in the back was the symptom complained of most frequently. In the cases from birth to five, the objective symptoms—attitude, deformity, and night-cries—occurred in the larger proportion of cases.

In reference to the deformity, 95 of the 260 cases presented marked deformity at the time of the first examination.

In the ages from ten to fifteen and from fifteen to twenty pain was found to be the first symptom in the majority of cases, while the deformity was scarcely noticeable at the time that the patient first came under observation, although it was more noticeable in those cases occurring in from ten to fifteen years, in which the deformity was of a moderate type at the time these cases were first seen.

From twenty to thirty years, pain in the back was, in the greatest number of cases, the symptom, while in patients over thirty years old pain and progressive weakness were the first symptoms.

The deformity was marked in almost all these cases.

In the 1000 cases, abscesses were recorded 158 times, or over 15 per cent., during the first ten years of life; 139 patients had abscesses, the greater number being psoas, fewer iliac and pelvic. Vulpius, in 1945 cases, finds abscesses clinically observed 476 times: almost 25 per cent.

Paraplegia appeared in 41 cases during the course of the disease, and 50 patients had tuberculous complications: a focus of tuberculous disease in some other joint or bone.

The duration of the disease before treatment was begun has some bearing on the prognosis. One patient continued to have symptoms 29 years after the onset of the disease; another, 25 years; several others had active disease for 14, 13, 11, and 10 years. In only one case was a child brought for treatment within 24 hours after the child uttered the first complaint or attention was called to the presence of the disease. J. H. Waterman and C. H. Jaeger (N. Y. Med. Jour., Nov. 9, 1901).

TABES MESENTERICA.

The clinical term "tabes mesenterica" is used to indicate those cases in which the tuberculous enlargement of the mesenteric glands can be detected clinically, and is associated with wasting, without evidence of tuberculous lesions elsewhere in the body. The prognosis of tabes mesenterica is by no means hopeless. Several of these cases have improved so much that it seemed probable the disease was arrested, and if treatment is begun early, before there are signs of tubercle in the lung and before there is any extreme wasting, a certain number of them will get perfectly well. It is to be remembered, however, that, even if tabes mesenterica seems to have recovered completely, there are still possibilities of trouble at a later period. A mass of caseating glands may easily be the starting-point of a localized inflammation of the peritoneum, and, without any more general inflammation occurring, adhesions may form between the glands and the neighboring structures. These local adhesions are apt to give rise to trouble long after the tabes mesenterica seems to have quite recovered.

By far the most important part is the hygienic treatment, particularly by climate. If the child can be sent away to the sea-side, it will be much better than any amount of drugging.

What one has to aim at in the question of feeding is to give plenty of nourishing food, and at the same time to give food which shall leave as little residue as possible which might irritate the intestine, for the intestine is ulcerated in most of these cases. The child should be fed as far as possible with eggs, custard, well-cooked milk-puddings, and gravy. Milk and eggs are to be considered chief items in the diet, and in choosing other foods those should be selected which will leave little residue, and are not likely to give rise to fermentation in the intestine.

As to drugs, iodide of iron is particularly valuable in these cases. Another drug which may be useful is creosote.

For the diarrhœa, if it occurs, castor-oil may be used in small doses (5 minims) three times a day; it seems to have a particularly soothing effect on the mucous membrane of the lower part of the intestine, and creosote ($^1/_4$ to 1 minim) may usefully be combined with it. G. F. Still (Clinical Journal, Dec. 11, 1901).

TENDON-JERKS.

The state of the tendo-Achillis jerk has been regarded as of especial value in the diagnosis of early tabes and in the differential diagnosis of real from hysterical sciatica. It is especially in cases of tabes in which the knee-jerks are still preserved that loss of the tendo-Achillis jerk has proved of service in the diagnosis of this disease. In sciatica the tendo-Achillis jerk is commonly abolished on the affected side, whereas this is not the case in hysterical sciatica. The state of the tendon-jerks of the lower limbs serves to indicate the degree of severity of a lesion in the spinal cord above the level of the lumbar enlargement. In incomplete transverse lesions, such as commonly result in myelitis, there is ankle-clonus and the knee-jerks are exaggerated, whereas with complete transverse lesions, such as are usually caused by fracture-dislocation of the spinal column, there is no ankle-clonus and the knee-jerks are abolished. A satisfactory explanation of why there should be this difference had been supplied by the results of Sherrington's experimental observations, which made it clear that augmenter influences passed from the ponto-cerebellar region to the spinal segments to maintain muscle-tonus. Incomplete transverse lesions of the spinal cord, while sufficient to prevent the inhibiting influence of the cerebral centers from reaching the spinal segments, still allowed the augmenter influences to reach them, whereas in complete transverse lesions the augmenter influences were also cut off, and the spinal segments in men did not possess sufficient autonomy to be capable of preserving muscle-tonus in the absence of the augmenter influences from above. Risien Russell (Brit. Med. Jour., Nov. 23, 1901).

THIOCOL.

Thiocol possesses greater therapeutic activity than any other combination of guaiacol or creosote. It has been given freely in infancy and in old age. In the cold, wet weather from January to April many cases of subacute tracheitis and bronchitis, existing from several weeks to three or four months, were treated. Some of these patients also suffered from muscular rheumatism. Under the use of small doses of thiocol every case recovered in a remarkably short period of time. It is of no utility in cough arising from pathological conditions of the pharynx, naso-pharynx, or tonsils. These troubles are best treated locally. It is a very valuable agent in the second stage of pulmonary phthisis. the fever defervescing, cough lessening, appetite improving, and in many cases the patients gaining flesh.

It is a splendid remedy for catarrhal conditions of the intestinal tract, the common bile-duct, and cystic or hepatic ducts.

In typhoid fever thiocol is an ideal intestinal antiseptic, and tends to diminish the bronchial complications. In all cases it may be prescribed in cinnamon-water or essence of pepsin, 5 grains to each fluidrachm. Dose: 1 teaspoonful three times a day: two or three hours after meals if it is desired to act on the intestinal mucous membrane. The average teaspoon will be found to hold $1\ ^1/_2$ fluidrachms, thus making the dose of thiocol $7\ ^1/_2$ grains. If this dose does not benefit, higher dosage will do no better. J. B. Johnston (Merck's Archives, Nov., 1901).

TRIONAL.

During the past few years both the profession and the laity have been using sulphonal and trional in the most reck-

less manner, due to the wide-spread belief that the employment of these remedies is comparatively without danger. Trional differs from sulphonal merely in the substitution of an ethyl for a methyl group. Its hypnotic and sedative values are considered to be identically the same, but its main advantage is supposed to depend upon its non-toxic character; but the claims for the non-toxic character of trional as compared with sulphonal must receive revision. Their intimate chemical relationship, their identical physiological action, and the similarity of the accidents following their use would lead to the conclusion that they must, for all practical purposes, be considered as identical.

Abdominal distress and urinary derangements, including hæmatoporphyrinuria, indicate trional poisoning of a very grave character, and in so-called safe doses trional may give rise to serious, even fatal, toxic conditions. Archibald Church and E. B. Hutchinson (Chicago Med. Recorder, Nov., 1901).

TUBERCULOSIS OF THE PERITONEUM.

The diagnosis of tuberculosis of the peritoneum in children is based upon the abdominal symptoms, such as distension, pain, and disturbed bowel action, the presence of fluid, and loss of weight. There is almost always a febrile rise of temperature of an irregular type. If the ascites is sacculated instead of diffuse, the diagnosis of tuberculosis of the peritoneum is even more likely. Cirrhosis of the liver is rare before the age of nine years, and, if it is present, there is usually the history of syphilis and more or less jaundice. If there is no ascites present, one must make the diagnosis on the presence of the irregular tumors. A chronic abscess in children, opening at the umbilicus, is always suspicious. The family history aids somewhat, but cannot always be relied upon. In adults, when there is no exudate present, diagnosis can often be easily made from the presence of the omental tumor and of the irregular nodular tumors. The latter are usually multiple, and must at times be differentiated from a multiple carcinoma. The transverse omental tumor must be differentiated from a gastric carcinoma. Kelly says that tuberculosis must be borne in mind in all cases of pelvic inflammatory disease, with masses posterior and lateral to the uterus, in which there is marked tenderness on pressure in the vagina or over the abdomen. He gives the following as the important differential points to distinguish an encapsulated tuberculosis of the peritoneum from an ovarian cyst or a fibrocystic tumor of the uterus: (*a*) Rapid growth of the effusion. (*b*) Coincident pleurisy, a greater degree of gastro-intestinal disturbance than in ovarian cyst, and at the edges of the tumor, especially if the fluid has been removed by tapping, one feels irregular, hard masses. By bimanual examination through the rectum and abdomen, the cervix being drawn down, a fibrocystic tumor can be felt to be connected with the cervix; an ovarian cyst can be recognized by its pedicle. Occasionally tubercle bacilli or tubercles may be found in the discharge or in the curettings. When the ascites is free, it must be distinguished from the ascites due to cirrhosis of the liver, in which the history attained of a previous alcoholism and the examination of the character of fluid are the most valuable symptoms, although the combination of tuberculosis of the peritoneum and cirrhosis of the liver is not infrequent. It is almost impossible to

differentiate the simple non-tubercular from the tubercular peritonitis. When the family history is good, and there are no signs of tuberculosis elsewhere, no tenderness, and an excessive amount of fluid, the chances are that the case is one of simple peritonitis. D. N. Eisendrath (Annals of Surgery, Dec., 1901).

TYPHOID IN CHILDREN, WIDAL TEST IN.

Typhoid in children in the hospital experience runs an atypical and often an anomalous course. The temperature-curve is not infrequently irregular, the spleen is often not enlarged, and, besides, enlargement of the spleen is not as significant in children as in adults, because it occurs whenever rachitis exists or in intestinal disturbances generally. The method of applying the Widal test at Mount Sinai Hospital was to determine whether agglutination of the bacilli took place when the blood was diluted to the extent of 1 to 20. If there were still doubts, then the test was repeated with a dilution of 1 to 50. Dried blood was used in all cases, except where the clinical course of the case aroused serious suspicions of typhoid and yet the Widal test continued to be negative. In somewhat less than half the cases typhoid fever in children ran the usual course. In the remainder it was suspected that other diseases were present. Among these were such conditions as tuberculous meningitis or peritonitis, certain cases of pneumonia, and some seemingly simple intestinal conditions. In only 36 of over 100 cases was the Widal reaction positive at a first examination. Thirteen per cent. of the cases gave the reaction before the seventh day of the fever, 46 per cent. before the fifteenth day, and 85 per cent. before the twenty-fifth day. In more than half the cases, therefore, the Widal reaction left the diagnosis in doubt until well on in the third week. M. A. Gershel (Medical News, Nov. 30, 1901).

UTERUS, RUPTURE OF, DURING LABOR.

Rupture of the womb is often very hard to diagnose, but in the greater proportion of cases the patient's face assumes the expression of suffering, and the eyes may look sunken. Should there be much bleeding, the face becomes very pale, and is covered with cold perspiration. The eyes turn restlessly from side to side, and the consciousness is often clouded, while vomiting and nausea are often noted. Burning pains in a definite location cause the patient to cry out almost constantly usually. The slightest touch on the abdominal wall over the rupture gives intense pain, but sometimes little or none is felt. The patients may feel something give way in the abdomen at the time of the rupture. Following a rupture are seen arrest in the progress of the labor, shock, and irregularity in the outline of the abdominal tumor, together with the appearance of the fœtal parts in the abdomen, so that they may be felt immediately under the wall in cases of complete rupture. A very important sign is the sudden cessation of the fœtal heart-beat. On vaginal examination the presenting part will be found to have receded from its position further upward in the pelvis. D. D. Popoff (Vratch, Oct. 27, 1901).

ZYMOTIC DISEASES, RENAL SECRETION IN.

In studying the renal secretion in the zymotic diseases, the following conclusions may be emphasized:—

1. That pathogenic organisms may be present in the urine in some zymotic diseases, notably plague and enteric fever, but the percentage of cases showing typhoid bacilluria is small.

2. That the spread of the infection of enteric fever by means of the urine must be prevented in the interests of the public health. The risk is not attached to every case, but the insidious nature of the bacilluria demands that no enteric-fever patient should be discharged from supervision until the absence of bacilluria has been proved. In those cases in which bacilluria has occurred during the course of the disease, its cessation must be proved by bacteriological examination of the urine, before the patient is allowed to resume ordinary life. By careful daily observation in every case of the appearance of the fresh urine, during the fortnight before the discharge of a patient, the physician should note any cloudiness or turbidity, or any sediment. These are valuable guides as to those urines in which further examination is desirable. The nature of sediments should be determined, and all urines observed to be cloudy should be examined bacteriologically.

3. The influence of other organisms on the bacillus typhosus in mixed cultures varies with the relative vigor of the respective stocks thus mingled. The typhoid organism is usually the less hardy, and as time goes on there is greater difficulty isolating it.

4. That there are a large number of organisms, intermediate between the bacillus typhosus and the bacillus coli communis, approximating more or less closely to one or the other type.

5. No fundamental distinction exists between bacillus coli communis and bacillus typhosus in the matter of indol production. Both are indol-producing organisms in suitable media. The indol reaction in 1-per-cent. peptone broth is a valuable discriminative test between the two organisms *only* when the typhoid organism is freshly cultivated and the bacillus coli communis is typical.

6. That casein-peptone solution is the best medium for testing powers of indol production.

7. That Remy's jelly, alkaline-peptone bouillon, and casein-peptone solution are useful additions to the list of media. C. J. Lewis (Edinburgh Med. Jour., Dec., 1901).

Book Review.

RATIONAL HYDROTHERAPY. A Manual of the Physiological and Therapeutic Effects of Hydriatic Procedures, and the Technique of Their Application in the Treatment of Disease. By J. H. Kellogg, M.D., Battle Creek, Mich. F. A. Davis Company, Philadelphia, 1901.

In the above work Dr. Kellogg treats with commensurate skill the following subdivisions of the subject: Historical; the Physics of Water, Air, Heat, and Light in Relation to Hydrotherapy; Anatomy and Physiology in Relation to Hydrotherapy; the Physiological Effects of External and Internal Application of Water; the Physiological Effects of Friction, or Mechanical Irritation, of the Skin; the Physiological Effects of Light; the General Principles of Hydriatics; the Therapeutic Effects of Hydriatic Applications; General Rules, Principles, and Suggestions Relating to the Practical Employment of Hydrotherapy; Hydriatic Institutions and Their Equipment, and the General Management of Cases; the Technique of Hydrotherapy; Hydriatic Prescription Making; and closes with a summary of experimental work done in his laboratory.

The majority of such books are usually mere reviews of the mechanical uses of water in the various diseases, and the reader can acquire but little, if any, scientific knowledge. Dr. Kellogg has gone more deeply into the subject, and carefully studies the various phases of physiological activity under the influence of hydrotherapeutic methods. Each class of tissues, —cutaneous, muscular, etc.,—as relates to this mode of treatment; the physics of heat production, regulation, and dissipation; thermic functions in general, and calorimetry are first analyzed, in order to adequately prepare the reader for the practical side of the question. The effects of cold on various systems—muscular, respiratory, nervous, etc.—are also reviewed, including those produced upon the neuron, which is stated to respond to its influence precisely as does the amœba and the leucocyte,—*i.e.*, reduction of activity,—while heat causes extension of its pseudopodia or protoplasmic processes. Hence, cold applications to a nerve-trunk may impair its functions, while short cold applications to the head result in increased cerebral activity, the reaction completely overshadowing the brief depression first produced. The reflex effects of cold applications to various parts of the organism are outlined. The length of the application *plus* the temperature of the water greatly modify the effects, but applications to the one region seem always to produce effects in a certain corresponding region which may be quite remote from it. The stomach, for instance, is actively influenced by applications to the lower dorsal spine, the kidneys by applications to the lower portion of the sternum and the feet, besides, of course, the lumbar region, etc.

These features are merely mentioned to indicate how thoroughly the author has gone into the subject and the many valuable hints usually unknown to the practitioner that may be obtained from this work. The technic of hydrotherapy in each disease is not only given, but the large number of illustrations added to the text make it possible for a general practitioner to readily grasp the author's meaning and apply his teachings in his every-day work. On the whole, Dr. Kellogg's work is probably the most satisfactory work on hydrotherapy on the market, and he is to be sincerely congratulated.

Books and Monographs Received.

The editor begs to acknowledge, with thanks, the receipt of the following books and monographs:—

Transactions of the Twenty-third Annual Meeting of the American Laryngological Association. Held at New Haven, Conn., May 27, 28, and 29, 1901.

Transactions of the American Otological Society. Thirty-fourth Annual Meeting. 1901.

A Practical Treatise on Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc. Fifth Edition, Thoroughly Revised. Pages viii-1143. Size, $9^1/_4$ x $6^1/_4$ inches. Extra Cloth, $5.00, net; Sheep, $5.75, net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

Studies in the Psychology of Sex. Sexual Inversion. By Havelock Ellis, L.S.A. (England); Fellow of the Medico-legal Society of New York and the Anthropological Society of Berlin; Honorary Fellow of the Chicago Academy of Medicine, etc.; General Editor of the Contemporary Science Series since 1899. The "Studies in the Psychology of Sex" will Probably be Completed in Five Volumes. "Sexual Inversion" is Second Volume in the Series. Pages xi-272. Size, $8^5/_8$ x $5^3/_4$ inches. Extra Cloth, $2.00, net, Delivered. Sold Only to Physicians, Lawyers, Advanced Teachers, and Scientists. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

A Brief Manual of Prescription-writing in Latin or English. For the Use of Physicians, Pharmacists, and Medical and Pharmacal Students. By M. L. Neff, A.M., M.D., Cedar Rapids, Ia. Pages v-152. Size, 8 x 5¾ inches. Extra Cloth, 75 cents, net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

Carcinoma of the Breast. By Carl V. Vischer, Philadelphia, 1901.——A Comparative Climatic Study of the Arid and Semitropic Southwest and its Relation to Tuberculosis. Presented to the Rocky Mountain Interstate Medical Association, Denver, Col., September 4, 1901. By William Winthrop Betts, Los Angeles, Cal.——Some Auxiliaries to Climatic Treatment of Phthisis. By J. Edward Stubbert, Liberty, N. Y., 1899.——The Case Method of Teaching. By Charles H. Frazier, Philadelphia, 1901.——A Brief Report of a Series of Interesting Cases Recently Seen. By Alexander Marcy (Jr.), Riverton, N. J., 1900.——The Hygienic and Mechanical Treatment of Heart Disease. By Boardman Reed, Philadelphia, 1901.——Treatment of Suppurating Hæmatocele Due to Extra-uterine Pregnancy. By G. E. Shoemaker, Philadelphia, 1901.——Clinical Report. By G. E. Shoemaker, Philadelphia, 1898.——Appendiceal Fistula. By John B. Deaver, Philadelphia, 1901.——Subsequent Histories of Patients Apparently Cured Under Administration of Antitubercle Serum as an Auxiliary to Climatic Treatment. By J. Edward Stubbert, Liberty, N. Y., 1900.——Chronic Gonorrhœas and Post-gonorrhœal Urethritis. By Ferd. C. Valentine, New York, 1901.——Cleft Palate and its Relation to Speech. By G. Hudson Makuen, Philadelphia, 1901.——Speech as a Factor in the Diagnosis and Prognosis of Backwardness in Children. By G. Hudson Makuen, Philadelphia, 1901.——Report of a Case of Unusual Tertiary Manifestations. By G. Hudson Makuen, Philadelphia, 1901.——Simple and Ethereal Sulphates, a Simple and Rapid Method for their Separate Determination. Thirty Minutes. By G. W. McCaskey, Fort Wayne, Ind., 1900.——Physiology, the Basis of Clinical Medicine: A Plea for Scientific Methods. By G. W. McCaskey, Fort Wayne, Ind., 1901.——Intratracheal Injections in Bronchial and Pulmonary Affections. By Willis S. Anderson, Detroit, Mich., 1901.——A Combined Slide and Cover-glass Forceps. By L. Napoleon Boston, Philadelphia, 1900.——The Spread of Tuberculosis by Coughing. By L. Napoleon Boston, Philadelphia, 1901.——Latent Pulmonary Tuberculosis. By C. R. Upson, Waterbury, Conn., 1901.——A Case Resembling Morbus Cæruleus, Probably Due to a Dusting-powder Containing Acetanilid. By S. E. Earp, Indianapolis, Ind., 1901.——Chancre of Tonsil, with Report of Thirty-five Cases. By John Edwin Rhodes, Chicago, Ill., 1901.——The Relation of Out-door Life to High-Altitude Therapy. By Charles Denison, Denver, Col., 1901.——Devitalized-Air Toxæmia, a Prime Cause of Tuberculosis. By Charles Denison, Denver, Col., 1901.——Mental Disturbances in the Course of Cardiac Disease. By A. Zederbaum, Denver, Col., 1901.——The Value of Electrolytic Dilatation of the Eustachian Tubes in Chronic Tubal Catarrh and Chronic Catarrhal Otitis Media. By A. B. Duel, New York, 1900.——Sanitarium Treatment of Pulmonary Tuberculosis. By J. Edward Stubbert and Stephen W. Wells, Liberty, N. Y., 1898.——Otitic Sinus-phlebitis and Thrombosis. By J. E. Sheppard, Brooklyn, N. Y., 1901.——Fourth Report of the Committee of Inspection Appointed by the Executive Committee of the Post-graduate Medical School to Review the Experiments of Dr. John F. Russell in the Treatment of Pulmonary Tuberculosis at the Post-graduate Hospital, New York, November, 1901.——Official Report of the Camden Board of Health Concerning the Cases of Tetanus which Occurred in Patients Who Had Been Vaccinated. 1901.——Fifth Annual Report of the Board of Managers of the Pennsylvania Epileptic Hospital and Colony Farm. For the Year Ending December 31, 1900.——Recherches sur la Bactériologie de l'Ozène. Par le Dr. Fernand Perez, Buenos Ayres, 1900.——L'Ozène (Rhino-sinusite Atrophique Fétide), Bactériologie, Etiologie, Prophylaxie. Par le Dr. Fernand Perez, Buenos Ayres, 1901.——The Influence of Environment upon the Composition of the Sugar-beet. By Harvey W. Wiley, United States Department of Agriculture, Washington, D. C., 1901.——Relation of Bovine Tuberculosis to the Public Health. By D. E. Salmon, United States Department of Agriculture, Washington, D. C., 1901.——Statistics on the Fruit Industry of California. By Edwin S. Holmes (Jr.), United States Department of Agriculture, Washington, D. C., 1901.——Proceedings of the International Good Roads Congress, held at Buffalo, N. Y., September 16 to 21, 1901. United States Department of Agriculture, Washington, D. C., 1901.

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It seems, however, that there are cases when a vast majority of the inhabitants of a great city do not know what is for their own good. This has been recently illustrated in Philadelphia. The street-car corporations, however devoid of a so-called "conscience" in nearly all the cities of the United States, have recognized the popular demand for heated street-cars, especially those covering long distances. The "popular demand" exists in Philadelphia, as shown by numerous personal protests and warming editorials in the daily newspapers, but with the calm self-assurance that recognizes the dense ignorance of the general public as to its own requirements, the street-car corporation have recently issued a statement to the effect that, owing to the facility with which disease-germs can be propagated in a warm street-car, the traveling public of Philadelphia will be kept in cold storage during the present winter.

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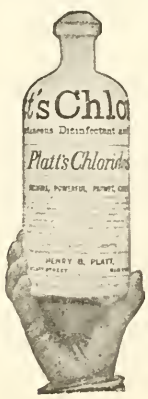
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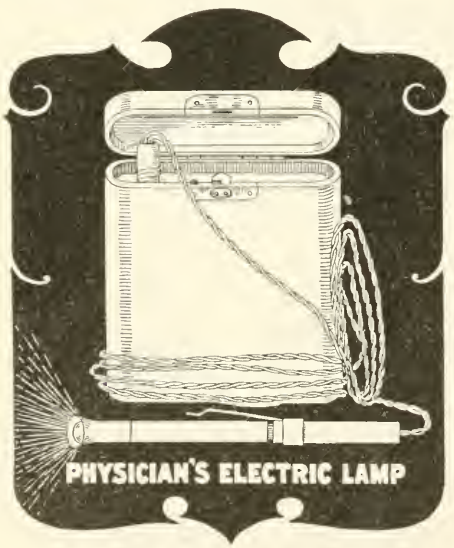

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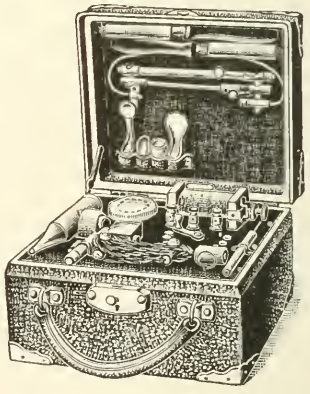

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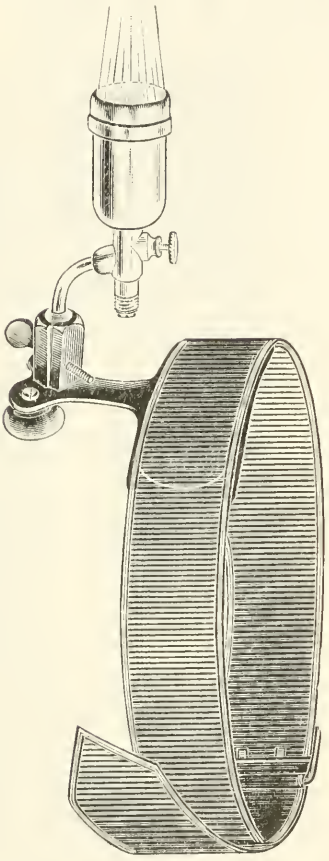

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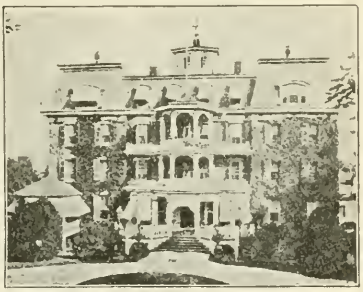

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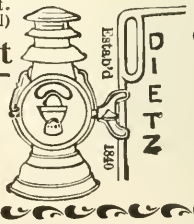

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material is perfectly bland, and also in such condensed state as to leave behind no residue to decompose and act as an irritant. Physiological experiments have shown that when albuminous material is transformed into albumoses it is absorbed almost immediately without requiring any preliminary digestion, and after being taken up into the circulation is rapidly reconverted into serum-albumin. For this reason the albumoses are well adapted for rectal feeding, and according to the observations of Dr. J. B. Herrick, of Chicago (Chicago Medical Recorder), and of Dr. L. H. Watson, of Chicago (Medical Review of Reviews), somatose, which is a pure preparation of albumoses, is an excellent nutrient for this purpose. It may be administered alone in solution or in connection with other foods, such as milk and white of egg. In the official report of the case of the late President McKinley (American Journal of the Medical Sciences) it is stated that somatose was utilized in a saline solution in amounts of 1 drachm at a time. In the article on rectal alimentation referred to, Dr. Watson recommends that the bowels should be emptied by a preliminary laxative or cleansing injection before administering the nutritive enema. The enema should be given at regular intervals through a soft-rubber tube, and should be inserted rather high into the rectum. The amount should not exceed 4 or 5 ounces. As soon as the gastric disturbances subside the patient may be given small quantities of food by mouth, gradually diminishing the number of rectal enemas.

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DRUG-EATERS.

It would apparently require a rather large catalogue to enumerate the various nauseous drugs and compounds which some samples of humanity find necessary for its comfort. It is said that nearly everybody has some unbalanced streak in them, and this is certainly illustrated in the abnormal craving often manifested for drugs.

One of the latest accessions to this choice *menu* of harmful drugs is camphor. The Indian Medical Record reports that there are a large number of camphor-eaters among the well-to-do classes. Like various other abnormal habits, "camphor-eating" is excused on the plea of some immediate human necessity. It is said to produce a peculiar creamy whiteness of the skin, which is considered to be extremely desirable by some.

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ORIGINAL ARTICLES.

SOME DEDUCTIONS CONCERNING MILK-MODIFICATION.

By R. C. MacDonald, M.D.,
BOSTON.

For the human young human milk is, of course, the natural diet; for the early months of its life all other foods, including cows' milk, however modified, must be considered artificial. The ideal, then, for makers of artificial foods is "mothers' milk," and so to modify cows' milk as to make it approximate to the ideal many formulæ have been given. In these formulæ two very important points have been generally overlooked; it is to these points I would call attention.

The main efforts of milk-modifiers have been directed to the reduction of the so-called casein, and to the replacement of the fat, which is diminished when the proportion of casein is reduced by dilution. Practically no attention is given to two very important points of difference in human and cows' milk. As it is well known, the so-called casein of milk consists of caseinogen and lactalbumin. In human milk these two substances exist in equal proportions, while in cows' milk there is but 1 part of lactalbumin to 6 parts of caseinogen. It is evident, then, that any modification of milk which reduces the total casein must reduce still further an already greatly deficient lactalbumin; and it is further evident that the usual methods of milk-modification can, by no possibility, approximate to the ideal of "mothers' milk," unless they shall be so changed as to raise the deficient proportion of lactalbumin.

Another marked difference between human and cows' milk is found in the condition of the phosphorus element. In the cows' milk the phosphorus exists mainly in the form of inorganic (mineral) compounds; in the human milk they exist in organic (animal) combinations. It is well known that the inorganic compounds are practically non-assimilable, while the organic compounds are readily taken up by the human system.

No modification of milk, as now given, can change the inorganic to organic combinations, and, unless so important a point (on which depends, very greatly, the development) be taken into consideration, the modified milks fall very far short of the ideal. I would suggest that both of these deficiencies may be somewhat overcome by a judicious use of the whole egg. Egg-albumin approximates quite closely to lactalbumin, and in the egg-yelk we have a veritable storehouse of organic phosphorus compounds.

With a proper percentage of cereal to break up the curd (as Dr. F. W. White has so conclusively demonstrated it), with judiciously regulated proportions of whole egg, added to cows' milk as now modified, it would seem that the ideal of "mothers' milk" would be reasonably in sight.

I trust this note, which is merely a suggestion, may bring out some valuable comments on the subject treated of.—Boston Medical and Surgical Journal, November 21, 1901.

The use of Eskay's albumenized food in the modification of fresh cows' milk will meet all the requirements referred to in Dr. MacDonald's article. Samples cheerfully sent on application.—Smith, Kline & French Company.

NEW TREATMENT OF LEUCORRHŒA AND OF GONORRHŒAL VAGINITIS.

By Dr. Ph. Chapelle,
PARIS.

Yeast in the treatment of chronic leucorrhœa, and vaginitis due to gonorrhœal infection, has recently been tried with considerable success. Dr. Landau, of Berlin, was the first to apply it locally by injection for troublesome vaginal secretions, and found that small quantities produced a rapid and complete arrest of the discharge after a few weeks.

Murer in France has used it in the same manner in gonorrhœal discharges from the vagina, and found yeast most effective in suppressing inflammation of the mucous membranes, which regained their normal color rapidly. In the gonorrhœa of men, however, it was not uniformly successful. In leucorrhœa and gonorrhœal vaginitis there occurs a substitution of a morbid fermentation for a non-dangerous yeast-fermentation, for the yeast-cells *(saccharomyces cervisiæ)* appear to devour the morbid germs which set up inflammatory conditions.

Backer, who has made a study of the various ferments, is of the opinion that the natural toxins, however altered, may in the treatment of disease be replaced with advantage by ferments in the living state. He considers good health to be one of normal fermentation; and bad health, one of morbid fermentation.

Hence, pure ferments like yeast attract pathogenic germs, allow themselves to be penetrated by them, and—once developed—destroy them by a true phagocytosis. D'Arsonval and Charrin have also made a series of investigations on the reciprocal action of microbes on vegetable cellular tissues, and it would appear that in the case of yeast, in its struggle with pathogenic germs, it expends its energy as a ferment, acting consequently by reason of its phagocytic properties.

We see, therefore, why the treatment of leucorrhœa and other vaginal discharges with yeast is based on reasonable grounds, and it should therefore be tried in obstinate cases, which do not yield to tonics and the usual local treatment.

The application of yeast in this connection is not convenient, owing to its keeping badly, its offensive smell, and the difficulty of obtaining fresh supplies, as well as its inconvenient frothy nature, which makes it difficult to be retained when injected. This, however, can be overcome by using the pure desiccated form, known as cerevisine, which may be exhibited in the form of a pessary of cocoa-butter filled with cerevisine, and placed in position on going to bed, or a paste made up with glycerin of starch, and retained with a tampon of absorbent cotton, or again applied by dipping absorbent cotton in a thin paste of cerevisine and water. The quantity for application is not important, as it is perfectly harmless, but from 1 to 2 teaspoonfuls can usually be introduced and retained in the vagina during the night, which will give more cleanly and comfortable results than injections of brewers' yeast during the day.—E. Fougera & Co., New York, agents for cerevisine.

BLEED, BUT SAVE THE BLOOD.

J. F. Briscoe, in the Clinical Journal of August 28, 1901, submits statistics on venesection showing the value of this most useful therapeutic agent in the treatment of a variety of affections. He expresses the opinion that the procedure has been cast aside with mistaken indifference, and heartily recommends its use in indicated cases; among others he advises the withdrawal of from six to twenty or more ounces in certain cases of uncomplicated mitral regurgitation when compensation has become inadequate, particularly when there is hæmoptysis. He recommends venesection, done thoroughly, in cases of sudden deprivation of air with consequent distension and weakness of the right heart, which form of cyanosis occurs in some cases of bronchitis, pneumonia, capillary bronchitis, pleurisy, and acute nephritis.

Venesection, blisters, counter-irritants, hot poultices, and other time-honored and barbarous methods of relieving congested tissues and distended and overworked hearts have been rightfully relegated to the rear, not because the means failed in accomplishing the ends, but the methods were cruel and often caused more suffering and inconvenience than the disease.

Dr. Charles Denison, in an article in the Colorado Medical Journal, January, 1896, called attention to a then new, mild, effective, and convenient means of relieving deep-seated congested organs, as the heart and lungs, in pneumonia, bronchitis, and pleuro-pneumonia. He reasoned thusly: The prominent pathological condition must be local hyperæmia or congestion, and this congestion is not venous, but arterial and capillary. If this be true, and three-fourths of the body-weight is liquor

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sanguineous (water), why is it not wise and logical to apply to the skin over the entire chest-walls, front, sides, and back, for double pneumonia something which has within itself an affinity for this fluid, or a capillary of attracting to itself the blood, and thus relieve the congestion and possibly abort the disease. The doctor then proceeds to report several cases in which more than ordinary results followed the use of antiphlogistine, which, as he concludes, shows there is something more than a substitution for an ordinary poultice in the derivative and soothing influence produced by antiphlogistine. Since Dr. Denison so wrote, antiphlogistine has come into pretty general use in the private, hospital, and dispensary practice of the nation's best men, who have come to recognize in it a scientific means of accomplishing a definite purpose, in a definite and human way. Applied liberally and warm, it at once begins operations; working through reflex action and through dialysis, the patient is bled into his own superficial capillaries, the overburdened heart is relieved, pain subsides, and a soothing, calming, and sleep-producing effect upon the whole being follows.

The writer believes with Dr. Love that each man, and the doctor in particular, "ought to encourage an increased flow of the milk of human kindness rather than the bile, and love his enemies, for it is they who make him." Following this maxim and courting the gratitude of his patrons, he cannot do better than to discard forever greasy ointments, dirty flaxseed poultices, barbarous venesection, blistering, and other remedies that have nothing to recommend them except age, and substitute therefor the modern, scientific, and reliable means, antiphlogistine, which bleeds the patient, but saves the blood.—Æsculapius.

WANTED---AUGUST, 1899.

So many physicians are calling on us for back numbers of THE MONTHLY CYCLOPÆDIA to complete their files for binding that we are entirely out of copies of the issue of August, 1899. Any physician sending us a copy for that date can have his subscription to THE MONTHLY CYCLOPÆDIA extended three months. Mark name carefully on wrapper and notify us by postal card.

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FIFTY INFANTS TREATED WITH CAROID.

By Russell Pemberton, M.D.,

Physician in Charge, Out-patient Department St. Mary's Free Hospital for Children; Clinical Assistant at Vanderbilt Clinic, Department of Orthopædic Surgery, College of Physicians and Surgeons, New York.

In order to ascertain the therapeutic value of a vegetable digestant in various disturbances of the alimentary tract in children, a series of unselected cases was followed. Though some of these were met with in private practice, the majority were dispensary patients, with whom the assurance of having instructions well carried out is unfortunately always small, and in whom general neglect and ignorance of hygienic principles do much to give disease a harsher power than it would otherwise possess.

These cases are altogether unselected; and are as briefly reported as is compatible with the conclusions hereinafter to be stated. In not a few of them many of the symptoms as orginally given in my notes have been omitted, either because such symptoms had no immediate bearing on the conduct of the case or else are patently suggested by other cases in the same group. In some others certain symptoms, that may at first seem to have little excuse for obtruding themselves in this report, are retained, largely because these are here and there deemed of value in affording side-lights on general nutrition of the individual under observation, and, now and then, as pointing out under what particular difficulties an artificial aid to digestion has labored.

I used caroid exclusively. It is put up in several different forms by the American Ferment Company, of Jersey City. There was no intent to make an exhaustive study of the relative values of different preparations of the *Carica papaya* plant. It would at best have given only a "mixed result." Caroid was chosen because I had previously used it, knew personally more about it,—how to handle it, etc.—and was not so familiar with the other products.

No diagnoses are given. Yet the reader is in every instance offered data enabling him fairly to estimate the conditions of the digestive apparatus. For analytical purposes it has been thought better to list cases according to age rather than illogically to follow their sequence in time:—

Case I. Two weeks. Child in fair condition. Has never had anything but breast-milk. Mother reports that during last five days the stools have been green, frequent, and during the last two days have contained curds. Occasional vomiting immediately after nursing. Mother, a large healthy woman, with abundance of milk. Treatment: Calomel, $^1/_{40}$ grain, every half-hour for ten doses, during which time child was to have no food. After that, the breast every two hours. Next day the mother reported that the bowels had moved freely, the fæcal matter consisting largely of curds. A tenth of a grain of calomel was ordered each night, and $^1/_2$ grain of caroid, with 1 grain of milk-sugar, after each feeding.

Case progressed nicely; a week later had gained decidedly. Thirty-six hours after first doses of caroid the curds disappeared from the stools and did not reappear. Advised keeping up the powders for a week longer, taking one after every second nursing, and omitting the bed-time tablet. At age of two months child still doing nicely.

Case IV. Six weeks. Child in bad condition.

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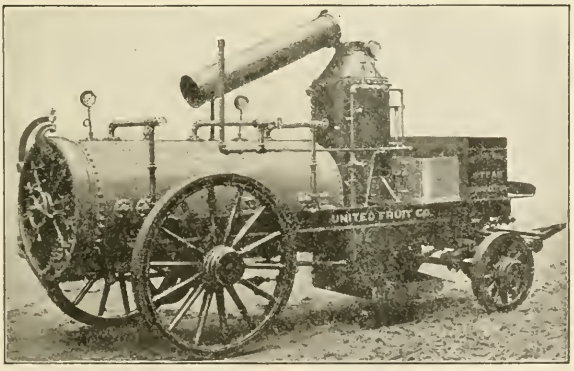

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Bottle-fed according to physician's directions. Has always been troubled with vomiting, which is now getting worse. Several medicines (character not known) have been tried; also various prepared foods. The latter have been retained better than milk-combinations, but child is not thriving. Mother careful to keep baby quiet after feeding, but this is not always effective.

The milk-formula already in use was correct, and no change was made in this. Powders containing gr. ij of bismuth subnitrate and gr. $^1/_{20}$ of calomel were to be given fifteen minutes before each feeding, and $^1/_2$ grain of caroid after each feeding. Two days later: powders had been effective at first, but nothing has been retained to-day. One-grain powders of caroid were ordered to be dissolved in water and mixed with the milk at the proper temperature, and the resultant curd broken up thoroughly before being diluted for feeding.

Two days later: at first there was some difficulty in getting the child to take the milk, but he did so finally, and retained the very first feeding given. One or two subsequent ones were vomited, though prepared in the same manner. General condition is better. One week later: results very favorable, but only if caroid is mixed in before feeding. Attempts to give milk and lime-water alone repeatedly caused vomiting. Same treatment was continued for another week. Child by this time had so much improved that gr. ss powders were used after each feeding; and gradually these were discontinued. The baby is in excellent condition at this present writing.

Case X. Nine weeks. Child in poor condition, weak, and emaciated. Bottle-fed. Bowels had not moved for two days; previous movements had been watery and slimy. The history was that of almost continuous vomiting for the last three weeks. Various baby-foods had been tried, and with the same result: they came up almost immediately.

Two-grain powders of caroid were prescribed, and the mother was directed to use each powder in a single feeding of milk, allowing the milk to "set," and then stirring it until again sufficiently liquid to be drawn through the rubber nipple. An initial dose of castor-oil was given. This plan was only partially successful. The vomiting continued, though in less degree. The mother said that every second or third feeding was certain to be rejected; brought with her a specimen of the vomit. As this was strongly acid, lime-water was substituted for all the boiled water in the formula, and the predigestion by caroid continued. This stopped the vomiting. The baby commenced to improve almost immediately, gaining flesh and strength. As an adjuvant, R. and S., in doses of gtt. xx, were given at bed-time for a week, and omitted after the bowels had become regular.

Case XIII. Three months. Condition only fair. This was a case of marked vomiting, presenting the following history: The child had been given nothing but the bottle, with a mixture of $^1/_3$ milk, $^1/_3$ cream, and $^1/_3$ water, with some lime-water, as ordered by the physician that attended the mother in confinement. The child had thriven on this more or less well until a week previous, though always subject to easy emesis. During this week he had vomited frequently, the ejecta being curdy and sour-smelling. The stools had been infrequent until three days ago; now they have been averaging five or six during the twenty-four hours.

Tablet-triturates of calomel, $^1/_{10}$ grain, were ordered for eight doses, and the milk-mixture left unchanged, except that the milk and cream were to be added together first; 2 grains of caroid then dissolved in water and stirred in until the curds were sufficiently broken up. After the second day the vomiting gradually ceased. The bowels having become somewhat sluggish after the calomel's effects had worn off, 3ss of mistura rhei et sodæ was ordered each night. The feeding was continued as at first. Two weeks later the child was in better condition, but seemingly not getting enough nourishment. The milk was doubled, the other ingredients remaining the same. This diet was satisfactory. Ten days later the little fellow was in excellent condition. The intervals of feeding were lengthened, and the amount again increased. The case has progressed favorably, and without further incident.

Case XXVII. Six months. Breast-fed exclusively. Condition fair, but child quite thin. Mother thought nothing of this, as two previous children had been the same way. She wanted some medicine to prevent the curds that were passed from time to time. Child was also constipated.

Thirty powders, consisting of gr. j each of caroid and soda were prescribed, one to be taken three times a day. Mother was told to give $^1/_2$ teaspoonful of castor-oil at night whenever the bowels had not moved during the day; and she was asked to return when the medicine had been all used. As the case was so plainly one of simple indigestion, and particularly valuable for clinical observation, I wished to make certain of its return, and suggested that possibly at that time some change in the powders might be advisable. In ten days she was back. Only one dose of oil had been used. She said the child was all right now, but she would like to get some more powders, as she thought they were making the baby a little fatter. The prescription was renewed and the child was still doing well and gaining flesh when last seen: three weeks later.

Case XXIX. Seven months. General condition only fair. Breast-fed, but at irregular intervals: *i.e.*, whenever he cried during the day, and occa-

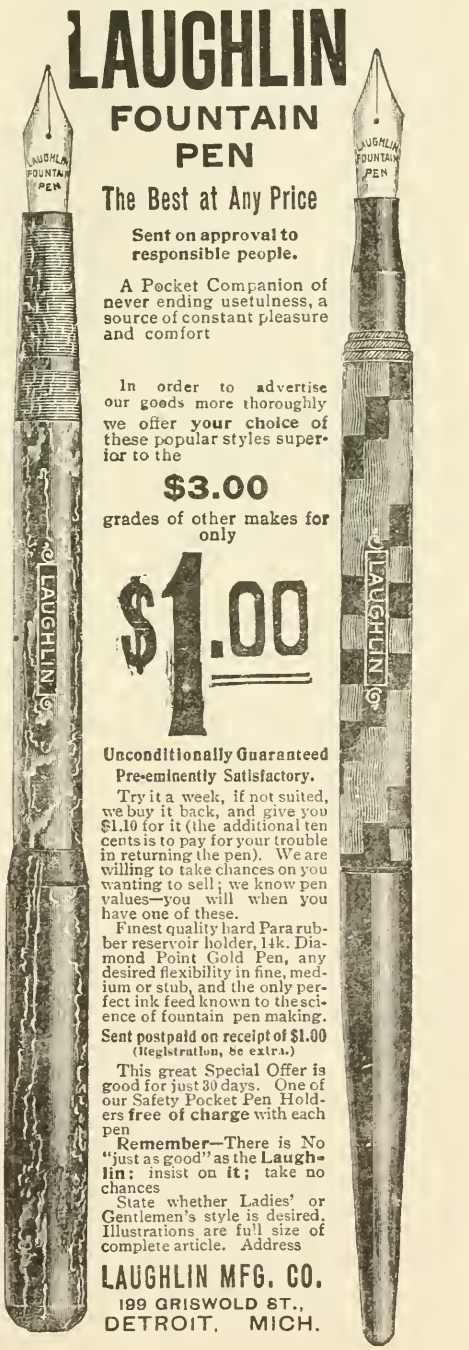
sionally as often as six times during the night. Bowels not regular, diarrhœa and constipation alternating. For this a patent baby-medicine had been used, and had been effective. Yet nothing controlled the vomiting. Regularity in nursing was insisted on; the medicine already used was not countermanded; small doses of calomel were ordered four times a day. Two days later: child no better; still vomiting and very flatulent. Mother wished to know whether it could not be weaned. I strongly urged against that, offering this as a compromise: She was to nurse him faithfully and regularly for a week longer, and after each nursing give him one of the caroid powders. If he were then still vomiting more than was usual with nurslings, I would advise the bottle, and direct her how to prepare the milk. At the end of that time she returned, saying that baby had gradually improved, and had vomited twice only during the last two days. She was so pleased that she now found the regularity of hours less irksome, and promised she would continue to nurse the baby, but would like to have some more of the powders. At present the child is thriving.

Case XXX. Seven months. Child poorly nourished and anæmic. Has been under treatment for some time for obstinate vomiting. During past week has been able to retain very little of the food given. Bottle-fed for several months. Stools infrequent, small, and slimy.

Directions: 4 ounces every two and a half hours of a mixture containing 5 parts milk, 2 parts cream, 1 part lime-water, and 2 parts boiled water. Half a grain of caroid after each feeding. Two days later child was still vomiting. Small doses of calomel were then used, but without noticeable effect on the vomiting. Bicarbonate of soda was tried fifteen minutes before each feeding, and helped somewhat, though the result was not entirely satisfactory. At this stage partial predigestion was resorted to. A grain and a half of caroid was mixed with the cream and milk ten minutes before these were given. This did so well that it was continued for four days. One-half grain after feeding was then returned to, with the result of occasional vomiting that gradually ceased and did not recur when the quantity of food was increased to normal.

Case XXXII. Eight months. Child in poor condition, emaciated, and anæmic. Bottle-fed since birth. Has gained little in weight during the last two months, and has lost in strength. Repeated vomiting, which has lately become worse. Many medicines have been tried, and have now and then been of service, but their effect has never been permanent. Many changes also made in composition of milk given. Barley-water and rice-water not vomited, but do not seem to nourish child. Bowels generally constipated; have now and then been loose, greenish, with hard curds, and very offensive. No fever when brought to dispensary, but said to have been feverish two nights before.

Bicarbonate of soda, gr. j, with calomel, $^1/_{10}$ grain, ordered every three hours. Fifteen minutes after each of these doses food to be given. The combination ordinarily suitable for the age of six months was selected, but double the usual quantity of lime-water was used, and each feeding was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followed by gr. ss. of caroid. Two days later mother said child was no better. The vomiting had been but slightly controlled, and the diarrhœa was worse than before. As the welfare of the child depended so much on her giving it proper attention, and persisting in the treatment, she was told that improvement could hardly be expected in two days in a child that had been losing ground for two months. As the child had been sufficiently purged, and the anti-emetic power of the calomel had not shown itself, this was omitted in renewing the powders. Otherwise, treatment was as before. Two days later: child somewhat brighter. Had slept more, and vomited less. Treatment the same. Three days later: decidedly better. Vomited only twice on Sunday (the day before). Four days later: marked improvement. Mother finally convinced that child may get well. On one day only have bowels moved as often as three times. Soda powders ordered every six hours instead of every three hours. Caroid continued as before. Two ounces more of milk given in each feeding. Three days later: Bowels reported a little loose, but without curds; none seen in the napkin brought for examination. Has vomited so little that soda powders were discontinued. One week later: Child gaining flesh, and apparently well, except for slight flatulence. Tablets of caroid and charcoal (containing also gr. iss of boric acid) ordered to be given crushed and in water t. i. d. for a week. Next week the case was dismissed.

Case XLV. Fifteen months. Fair condition. Breast-fed; also other things. Has had numerous attacks of colic, generally accompanied by some fever, and always followed by prostration, which may be partly due to paregoric and other household medication received at these times. Last attack two days ago. Child better now, but quite flatulent. Tongue heavily coated; no fever.

Six tablet-triturates of calomel, $^1/_{10}$ grain, ordered at intervals of one hour this afternoon, and the same for the next day. Breast-milk so small in amount that it was discontinued, and nothing but equal parts of milk and lime-water allowed during the next two days, each feeding being followed by a tablet of caroid and charcoal. Three days later: Tongue more nearly clean, hardly any flatulence. Stools blackish, but otherwise good. Child hungry most of the time. A more liberal diet was allowed, and directions given for increasing amount of food gradually. Tablets ordered three times a day, and a teaspoonful of castor-oil directed to be given at night in case constipation occurred. This case has been under observation for more than a month and a half, during the last two weeks of which no tablets were used. Child now well.

Case XLVII. Sixteen months. Child's condition very poor; ill-nourished, puny, anæmic, and with many furuncles. Has always been somewhat constipated, though occasional attacks of diarrhœa have occurred. Bottle-fed since she was six months of age. Has recently had a mixed diet including bread, butter, gravy, mashed potatoes, weak tea, etc. Treated in another dispensary for past two weeks, but is said to be getting worse. Tongue swollen and red, with several ulcers. Gums red, swollen, and tender. Temperature in rectum 100.4° F.

In addition to local treatment of furuncles, and frequent boric-acid and potassium-chlorate washes for mouth, milk with lime-water was given, alternating with soluble beef. Essence of caroid, f3ss, was to follow each three-hour feeding. Child was so much better when seen three days later that a somewhat larger amount of food was allowed, and the dose of caroid essence diminished to 20 drops. Two days later $^1/_2$-grain powders of caroid were substituted, and milk and lime-water given in double the quantity previously allowed. Mouth better, bowels fair, and boils much less numerous. A week later: Child allowed milk, small quantities of dry mashed potato, and toast. A tablet of caroid and soda given three times a day instead of powders. The next week improvement was continued, and, with injunctions to mother regarding diet, and use of the tablets again when the first symptoms of indigestion might appear, the case was dismissed.

The following conclusions may be noted. They are not exhaustive, and are not intended to be so; but they are presented with the purpose of calling particular attention to certain points based mainly on the preceding cases:—

1. Upon the casein of milk caroid evidently produces a disintegrative, or rennet-like, action. Indigestible curds are rendered soft and flocculent, and are thus presented in a condition more ready for absorption. In this way hard coagula are avoided which otherwise may be carried into the intestinal tract to irritate and cause digestive disturbances.

2. Clinically, this digestant is stronger when used in conjunction with raw milk than with milk that has been heated. When the heat has been sufficiently high and sufficiently long to furnish *sterilized* milk, the digestive power of caroid becomes relatively weak, though less weak than that of any other digestant with which I am acquainted. When the milk is merely *pasteurized* (moderately heated), the digestive power is still somewhat impaired, as is the case with all other artificial aids to digestion, but not so much as when the temperature has been brought near to 100° C. Other things equal then, a child of less than two years will do better on raw top-milk, provided it be pure and suitably modified with boiled water, lime-water, and sugar. The essential is the *purity*. In no case, however, should a raw milk be preferred unless the physician can satisfy himself that a good fresh milk will be used. When conditions are such that pure milk cannot or will not be procured,

moderate heating is safer, in which case the feedings should be followed by somewhat larger amounts of the digestant: from 50 per cent. to 100 per cent. more.

3. Even under adverse circumstances, a good digestant may act as a corrective either of constipation or of diarrhœa. The constipation appears to be relieved because in the majority of instances infantile constipation is due either to weakened peristalsis incident to nutrition and strength being below par, or to undigested materials blocking the lower bowel. Both of these conditions caroid, when rationally applied, can relieve. The diarrhœa is probably checked in one of three ways: By preventing further attacks of constipation that would subsequently bring about a diarrhœa; by softening or digesting curds that would act as irritants; by germicidal action, whether this be indirect in the sense referred to below, or direct.

4. This digestant has unquestionably an antiseptic character. Whether this be direct, causing disintegration of germ-protoplasm and consequent germ-death; or whether it be indirect, removing from the contents of the alimentary canal those elements needful for luxuriant germ-proliferation—these are questions that can be answered only by bacteriological methods. The clinical fact is what here concerns us.

5. It is sound practice to combine whatever vegetable digestant may be selected with suitable doses of one of the mercurial salts, or salol, or other intestinal antiseptic and antifermentative. In average cases calomel or boric acid serves well. In milder cases an alkali is all that is needed. Yet it is a difficult matter to decide from a single observation of a case just what degree of intestinal antisepsis is absolutely demanded, and one has constantly to keep in mind that the amount of infection is often disproportionate to the clinical appearance.

6. In all intestinal troubles due to pathogenic organisms, the indication is to afford a weakening system the greatest amount of nourishment compatible with the least amount of nourishment offered to the micro-organisms for their own consumption. What is desired is not so much a food different in its constituents from the proximate principles of milk, but rather one that will furnish these, and yet not tarry long in the canal while awaiting digestion and absorption, thereby providing the lower forms of life with material for sustenance, and for propagation of their species. The intact and healthy mucous membrane is almost a perfect bar to most of the lower organisms. In disease this gate of entrance to the general system is less tightly closed. Yet even then these lower organisms never pass it with a facility equal to that of their own elaborated toxins or that of the final chemical forms of proteid.

We may therefore fairly assume that the nocuous bacteria, always present in the canal despite our calomel and our many intestinal antiseptics, will be nourished by the ingested food directly in proportion to the length of time it remains at their disposal. The sooner we bring about its entrance into lacteals or portal vessels, the sooner we deprive the enemy of his supplies.

7. In doses of gr. ss after feeding, irrespective of age, and also irrespective (within reasonable limits) of the character of the food given, this vegetable digestant will improve the appetite in children. The result is more marked in those cases in which, from long-continued experience, the child entirely refuses food, or takes it in such limited quantities that even the immediate needs of his system are unprovided for.

8. Certain cases, in which bronchial symptoms were associated with indigestion, proved that the digestant had the incidental property of clearing the upper throat-passages and pharynx of the tenacious mucus often so troublesome in very young children, whose expulsive powers are feeble.

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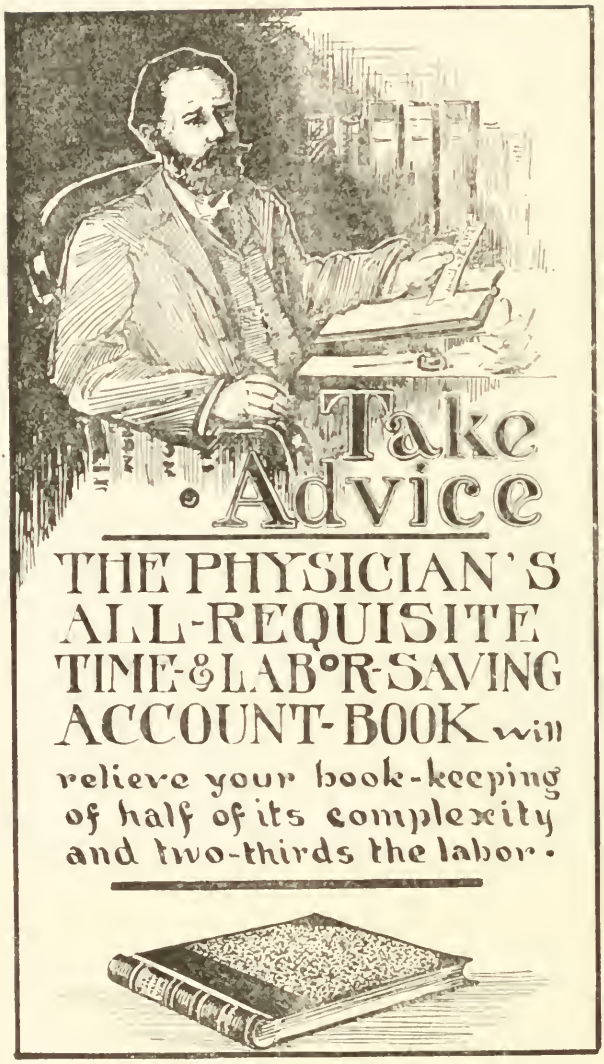

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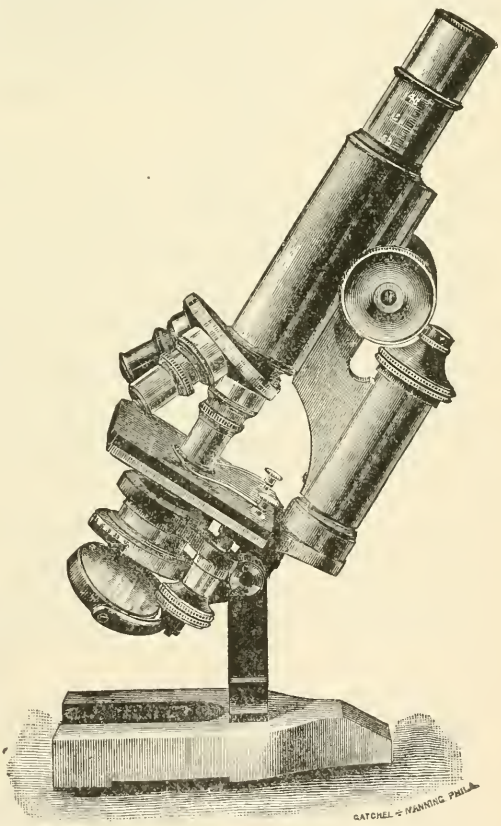

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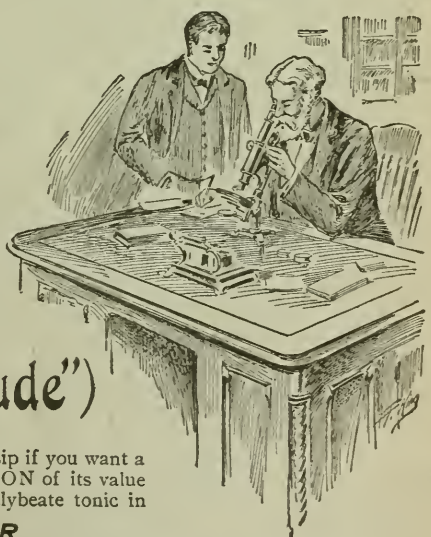

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